2000 INIFORM BUSINESS REPORT (UBR)							
DOCUI 1. Entity Name	MENT# * Emeral	-0 LAKE PARTNI	UU FRE	000118		SECA: • Division	FILED TARY OF STATE OF CORPORATIONS
Principal Place CHANG 1700 N.Mi	e of Business NE 133 RDS Ami, fl. 33	Mailing Address POBOX Mi Am			}	)	'30 PM 4: 23
2. Principal P	lace of Susin ss. #, Ic.	O O O H, etc	11	88	DO N	IOT WRITE IN THIS	SPACE
City & State	e :	City & State			4. FEI Number 09.	3299 9	Applied For Not Applicable
Zip	Country	Zip	Coun	try	5. Certificate of Status D	Desired	\$8.75 Additional Fee Required
	6. Name and Address of	CHANG TO	<i>€</i>	Street Address (	7. Name and Address of OREUS TO P.O. Box Number is Not Address of Topics of	Toth Copially Str	èet
				City M	18971	F	- 33243
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  9. Capital Contributions  10. Amount of Capital Contributions  11. MAKE CHECK PAYABLE TO DEPT: OF STATE							
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12.		PARTNER INFORMATION	e form	; an amendmen		ige a general pa ESS CHANGES OF	VLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	NORTHE	EACH EquitiEs, INC	ı	-ST-ZIP	700 NE J. Minni	133 <sup>R1</sup> , fl 3	Street WHO S
DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP				-ST-ZIP			C
OOCUMENT # NAME			STRE	ET ADDRESS		)6/06/00( ***526-25	1419 01112006 ****526.25
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STREET ADDRESS CITY-ST-ZIP			J	-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE:  5 92 6 336663-5313							
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Da							

## POPULO PARTNER OF 10 188

PO Box 431405 Miami, Florida 33243 Tel (305) 663-5313

5.25.00

Division of Corporations Registration Section PO Box 6327 Tallahassee, Fl 32314

RE: UBR

Gentlemen:

As noted in telephone conversations with your office, we were never in receipt of the UBR forms. Previous counsel to the partnership had not made requested address changes and they went to an address which did not forward them.

For that reason we request that the attached payment of \$526.25 be made acceptable without any penalty.

Thank you for your help on this matter.

Sincerelly,

James S. Toth, General Partner