

# 2000 UNIFORM BUSINESS REPORT (UBR)


**DOCUMENT # A99000001208**

1. Entity Name  
**CASA MIA PARTNERS LTD.**

Principal Place of Business <b>445 EAST RIVO ALTO DRIVE MIAMI BEACH FL 33139</b>	Mailing Address <b>445 EAST RIVO ALTO DRIVE MIAMI BEACH FL 33139-1251</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**FILED**  
**00 MAR -8 PM 3:40**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0935833</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**FLETCHER, JOHN S**  
**MORGAN, LEWIS & BOCKIUS**  
**200 SOUTH BISCAYNE BLVD., SUITE 5300**  
**MIAMI FL 33131-2339**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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 as Shown on record. <b>\$8,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>8,000,000</b>	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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. GENERAL PARTNER INFORMATION**

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>L99000004495</b> <b>CASA MIA G.P., L.L.C.</b> <b>445 EAST RIVO ALTO DRIVE</b> <b>MIAMI BEACH FL 33139</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY - ST - ZIP	<b>500003179865--0</b> <b>-03722700--01050--021</b> <b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - 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:**  **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_