2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900001284					, n	ON THE CORPORATIONS		
UNITY FAMILY LIMITED PARTNERSHIP					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	VIGION OF CORPO	STATE: RATIONA	
/					_ (DO JUN 19 AMIO	THIRDAS	
•	& BOWEN. LLP ISCAYNE BLVD., 1500 MIAMI CNTR	•	C/O SHUTTS & BOWEN. LLP 201 SOUTH BISCAYNE BLVD., 1500 MIAMI CNTR			I GSN 19 AM 10		
Principal Place of Business 3. Mailing Address)S			 	 	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State	9	City & State		4. FEI Number Applied For Not Applicable				
Zip	Zip Country Zip		Country		5. Certificate o	f Status Desired	\$8.75 AdditionalFee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
CORPORATION COMPANY OF MIAMI				Street Address (P.O. Box Number is Not Acceptable)				
C/O SHUTTS & BOWEN, LLP 201 SOUTH BISCAYNE BLVD., 1500 MIAMI CNTR								
MIAMI FL 33131				City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its regis				ed office or regist	tered agent, or both,			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT!	E: Registere	d Agent signature requir	red when reinstating)	DATE		
9. Capital Contributions as Shown on record \$990,000.00					-O - 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS NOTE: General Partners MAY NOT be changed on the form; an amendme					STERED AND AC ent must be filed	to change a general p	artner.	
12. GENERAL PARTNER INFORMATION DOCUMENT / P99000067588						ADDRESS CHANGES C	NLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	UNITY FAMILY CORPORATION 201 SOUTH BISCAYNE BLVD., 1500 MIAMI CNTR MIAMI FL 33131			-ST-ZIP				
DOCUMENT #		· <u></u>	STRE	EET ADDRESS	——————————————————————————————————————		1961	
NAME Street Address City-St-Zep			CITY	-ST-ZIP		0003300 -06/22/000 ****150.00	1005004 ****150.00	
DOCUMENT# NAME		 	STRI	EET ADDRESS				
STREET ADDRESS CITY - ST - ZIP			СПҮ	- ST-ZIP	<u></u>			
DOCUMENT# NAME			STRI	EET ADDRESS	<u> </u>			
STREET ADDRESS CITY-ST-ZIP			СПУ	-ST-ZIP				
DOCUMENT# NAME			STRI	EET ADORESS	(e 1 1		
STREET ADDRESS CITY-ST-ZIP			СПУ	-ST-ZIP				
DOCUMENT # NAME			STRI	EET ADDRESS		····		
STREET ADDRESS CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BlaiR 4

26/ 60 305 884-20

Daytime Phone #