

2000 UNIFORM BUSINESS REPORT (UBR)

CU001 88 NY

DOCUMENT # A99000001502
1. Entity Name
 LE JEUNE/EAST 9TH PARTNERS, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAY -3 PM 1:33

Principal Place of Business **Mailing Address**
 2665 SOUTH BAYSHORE DRIVE, SUITE 908 2665 SOUTH BAYSHORE DRIVE, SUITE 908
 MIAMI FL 33133 MIAMI FL 33133-5401



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EIDELSTEIN, GARY P
 2665 SOUTH BAYSHORE DRIVE, SUITE 908
 MIAMI FL 33133

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,000.00** **10. Amount of Capital Contributions in FLORIDA to date.** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000087401	STREET ADDRESS	
NAME	LE JEUNE/EAST 9TH, INC.	CITY - ST - ZIP	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 908		
CITY - ST - ZIP	MIAMI FL 33133		
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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]* **4-21-00** **305-285-9595**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #