

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001601**

1. Entity Name

TWENTIETH LANE PROPERTIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 22 AM 8: 35



Principal Place of Business	Mailing Address
C/O ABC DISTRIBUTING, INC. 14445 N.E. 20TH LANE NORTH MIAMI FL 33181-1411	C/O ABC DISTRIBUTING, INC. 14445 N.E. 20TH LANE NORTH MIAMI FL 33181-1411

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0017933	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUNEZ, MIKE
C/O ABC DISTRIBUTING, INC.
14445 N.E. 20TH LANE
NORTH MIAMI FL 33181-1141

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	\$2,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000051960	STREET ADDRESS	
NAME	TWENTIETH LANE PROPERTIES, INC.	CITY - ST - ZIP	
STREET ADDRESS	14445 N.E. 20TH LANE		
CITY - ST - ZIP	MIAMI FL 33181		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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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

1/16/2002 (305) 944-6900

Date Daytime Phone #

CR2E003 (9/01)