

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001658**  
 Entity Name  
**RAYOS DEL SOL, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 FEB 29 PM 1:38

Principal Place of Business  
**C/O PINNACLE HOUSING GROUP, INC.**  
**2665 SO. BAYSHORE DRIVE, SUITE 202**  
**FL 33131**

Mailing Address  
**C/O PINNACLE HOUSING GROUP, INC.**  
**2665 SO. BAYSHORE DRIVE, SUITE 202**  
**MIAMI FL 33133-5402**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**65-0954209**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GREEN, PATRICIA K**  
**2200 MUSEUM TOWER**  
**150 WEST FLAGLER STREET**  
**MIAMI FL 33130**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Capital Contributions as Shown on record. **\$99.99**

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	
P99000089446 PHG-RAYOS, INC. 2997 S.W. 27TH AVENUE, SUITE 303 COCONUT GROVE FL 33193-	STREET ADDRESS CITY - ST - ZIP	2665 S. Bayshore Dr. #202 Coconut Grove, FL 33133	CITY - ST - ZIP
	STREET ADDRESS		
	CITY - ST - ZIP	700003162437--5	-03/08/00--01066--001
	STREET ADDRESS	*****88.75	*****88.75
	CITY - ST - ZIP	700003162437--5	-03/08/00--01066--002
	STREET ADDRESS	*****51.25	*****51.25
	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]* **DAVID DEUTCH** 2/11/00 305-854-7000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
*[Signature]* **David Deutch** 2/28/00 305-854-7100