

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000504

1. Entity Name

SOMERSET FOUR LIMITED PARTNERSHIP

Principal Place of Business
6255 BIRD RD.
MIAMI FL 33155

Mailing Address
PO BOX 562438
MIAMI FL 33256

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 11:02



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7416 SW 48 ST		3. Mailing Address 6800 SW 40 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PMB #349	
City & State Miami FL		City & State Miami, FL	
Zip 33155	Country USA	Zip 33155-3708	Country USA

4. FEI Number 65-0541201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZULUETA, IGNACIO G 6255 BIRD ROAD MIAMI FL 33155		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \$100.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	K65519 EXCEL DEVELOPMENT CORPORATION 6255 BIRD RD. MIAMI FL 33155	STREET ADDRESS CITY-ST-ZIP	6800 SW 40 ST PMB #349 Miami, FL 33155-3708
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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 REQUIRED 10/25/00 305-662-8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0008925 AB

CR2E003 (5/00)