2000 UNIFORM BUSINESS REPORT (UBR) B98000000131 DOCUMENT # 1. Entity Name PLAZA DEL MAR. L.P. FILED MAR -8 PM 2: 13 Mailing Address Principal Place of Business 2601 EAST OAKLAND PARK BLVD.. SUITE 205 2601 EAST OAKLAND PARK BLVD., SUITE 205 SECRETARY OF STATE FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306-1612 3. Maiting Address 2. Principal Place of Business 1500 N. 500 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 202 202 Applied For City & State City & State 4. FEI Number 65-0812830 Lauderda Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33304 USA 3*330* 4 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOK, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 2601 EAST OAKLAND PARK BLVD., SUITE 604 FORT LAUDERDALE FL 33306 Suite 282 N. Federal Hwy The purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement to Kichard E. Cook SIGNATURE 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$7,290,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION GP9800000288 STREET ADDRESS PLAZA DEL MAR MANALAPAN

12. DOCUMENT # NAME 2601 EAST OAKLAND PARK BLVD., SUITE 205 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33306 CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS 03/22/00--01059--009 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

14. Thereby 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR DRINTED NAME OF SIGNING GENERAL PARTIES

REQUIREDRICHARD E. Cook

3-3-00

954 567-9358

Date

Daytime Phone #