2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000090720 1. Entity Name FAU TOWER ASSOCIATES LIMITED PARTNERSHIP					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place 200 SOUTH PA	ARK ROAD. #200-	Mailing Address -200 SOUTH PARK ROAD: #200- HOLLYWOOD FL 33021 9544		00 APR 28 AM 3: 05				
Principal Place of Business 3. Mailing Address								
	ollywood Way	300 Hollyw Suite, Apt. #, etc.	300 Hollywood Way Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
	wood, Florida		City & State Hollywood, Florida Zip Country			4. FEI Number Applied For Applied For Not Applied be 5. Cartificate of Status Desired \$8.75 Additional		
Zip _33021	IISA 33021		J	SA	5. Certificate of Status Desired XX Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
STOTZER, THEODORE R ESQ. 200 SOUTH PARK ROAD, #200 *HOLLYWOOD FL 33384				Street Address (P.O. Box Number is Not Acceptable) 300 Hollywood Way City FL Zip Code				
								8. The above named entity submits this statement for the purpose of changing its rec
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required					when reinstating)	DATE		
9. Capital Contributions \$100.00 in FLORIDA to date				butions \$10	\$100.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A GENERAL PARTNER TH	AT IS A BUSINESS	ENTITY M	UST BE REGIST	TERED AND AC	TIVE WITH THIS OFFI	CE.	
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	F9800007041 SREG FAU, INC. 200 SOUTH PARK ROAD, #200 HOLLYWOOD FL-33334			EET ADDRESS 3.0	300 Hollywood Way			
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	Hollywood, Florida 33021			
DOCUMENT# NAME	P98000028650 BANKATLANTIC VENTURE PARTNERS 7, INC. 1350 N.E. 56TH STREET FT. LAUDERDALE FL 33334			EET ADDRESS	TTAMOOG *			
STREET ADORESS CITY - ST - ZIP				-5T-ZIP				
DOCUMENT# NAME	π			EET ADDRESS	3000032684638 -05/26/0001071026 *****150.00 ****150.00			
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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 AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER Date Dat								