

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000473
 1. Entity Name
 ANC MANAGEMENT SERVICES, LP

B99000000473

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 20 PM 3: 26

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
 200 S. Andrews Avenue 200 S. Andrews Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 11th Floor 11th Floor

DO NOT WRITE IN THIS SPACE

City & State City & State
 Ft. Lauderdale, FL Ft. Lauderdale, FL
 Zip Country Zip Country
 33301 USA 33301 USA

4. FEI Number Applied For
 52-2207170 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
 1200 S. Pine Island Road
 Ft. Lauderdale, FL 33301

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

9. Capital Contributions as Shown on record 990.00 10. Amount of Capital Contributions in FLORIDA to date. 990.00 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

DOCUMENT # F99000006737
 NAME ANC Management Services Corporation
 STREET ADDRESS 200 S. Andrews Avenue
 CITY-ST-ZIP Ft. Lauderdale, FL 33301

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
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 CITY-ST-ZIP

STREET ADDRESS 200003223722--2
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 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: Howard D. Schwartz Howard D. Schwartz 4/17/00 954-320-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Secretary of GP Date Daytime Phone #