

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

000625 AF

DOCUMENT # L99000006044

1. Entity Name
PARTNERS HOLDINGS, L.L.C.

00 JUN 23 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
200 S. BISCAYNE BLVD., STE 2350
MIAMI FL 33131

Mailing Address
200 S. BISCAYNE BLVD., STE 2350
MIAMI FL 33131-2329



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0962902		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HELLINGER, ANDREW B 200 SOUTH BISCAYNE BLVD., STE 2350 MIAMI FL 33131				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.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MISHAN, STEVEN			NAME			
STREET ADDRESS	200 S. BISCAYNE BLVD., STE 2350			STREET ADDRESS			
CITY- ST- ZIP	MIAMI FL			CITY- ST- ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELLINGER, ANDREW B			NAME			
STREET ADDRESS	200 S. BISCAYNE BLVD., STE 2350			STREET ADDRESS			
CITY- ST- ZIP	MIAMI FL			CITY- ST- ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLOTO, JAMES R			NAME			
STREET ADDRESS	200 S. BISCAYNE BLVD., STE 2350			STREET ADDRESS			
CITY- ST- ZIP	MIAMI FL			CITY- ST- ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENBERG, BARRY N			NAME			
STREET ADDRESS	200 S. BISCAYNE BLVD., STE 2350			STREET ADDRESS			
CITY- ST- ZIP	MIAMI FL			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: James R. Sлото 4-11-00 (305) 379-1792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)