

2001 UNIFORM BUSINESS REPORT (UBR)

0003785 AF

DOCUMENT # A98000001484

1. Entity Name
MIRAMAR APARTMENTS, LTD.

FILED
01 APR 27 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 100 SOUTH BISCAYNE BLVD..SUITE 1100 MIAMI FL 33131	Mailing Address 100 SOUTH BISCAYNE BLVD..SUITE 1100 MIAMI FL 33131
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0780913				Applied For
				Not Applicable

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ARONSON, MARK I ESQ 701 BRICKELL AVENUE, #2800 MIAMI FL 33131			Name Jerome Hollo				
			Street Address (P.O. Box Number is Not Acceptable) 100 South Biscayne Blvd., #1100				
			City Miami, Florida			FL	Zip Code 33131
			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 *[Signature]* *Jerome Hollo* *4/20/01* DATE

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

9. Capital Contributions as Shown on record. \$7,500.00	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 # P97000034035	NAME MIRAMAR APARTMENTS, INC.	STREET ADDRESS	
STREET ADDRESS 100 SOUTH BISCAYNE BLVD., STE 1100	CITY-ST-ZIP MIAMI FL 33131	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	8000004193938-2
DOCUMENT #	NAME	STREET ADDRESS	-05/10/01--01108--017
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	****141.25 ****141.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

CP2E003 (11/00)

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]* *BOB HOLLO* *4/20/01* *305/358-770* DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER