

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0004153 AF

DOCUMENT # **A00000001004**

1. Entity Name
2855 COCOANUT AVENUE ASSOCIATES, LTD.

01 MAY -2 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2761 WEST TRADE AVENUE COCONUT GROVE FL 33133	Mailing Address 2761 WEST TRADE AVENUE COCONUT GROVE FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1021989		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LUIS, MICHAEL A 2761 WEST TRADE AVENUE COCONUT GROVE FL 33133				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				200004288902--0 05/23/01--01017--023 ****141.25 FL ****141.25			

POSTED

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 _____

9. Capital Contributions as Shown on record. \$100.00	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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # S79593	NAME LUIS DEVELOPMENT & CONSTRUCTION COMPANY, I	STREET ADDRESS	
	STREET ADDRESS 2761 WEST TRADE AVENUE	CITY-ST-ZIP	
	CITY-ST-ZIP COCONUT GROVE FL 33133		
DOCUMENT #	NAME	STREET ADDRESS	
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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: *[Signature]* **A. Luis Pies / GP.** Date **4/26/01** Daytime Phone # **3054461929**

CR2E003 (11/00)