

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000001842**1. Entity Name
DETTMAN FLEMING PROPERTIES, LLLP

Principal Place of Business	Mailing Address
1615 SOUTH FEDERAL HIGHWAY, SUITE 300	1615 SOUTH FEDERAL HIGHWAY, SUITE 300
BOCA RATON FL 33432	BOCA RATON FL 33432

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	21695 MARIGOT DR.
City & State	ATTN. CHRISTINA FLEMING
BOCA RATON FL	
Zip Country	Zip Country
33428	

4. FEI Number
65-0379934
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**DETTMAN GREGORY L**
1615 SOUTH FEDERAL HIGHWAY, SUITE 300
BOCA RATON FL 33432 US**7. Name and Address of New Registered Agent**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 _____ DATE **04/19/2001**
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. **585,000.00**10. Amount of Capital Contributions
in FLORIDA to date. **585,000.00****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**

DOCUMENT #	FLEMING JEFFREY A
NAME	21695 MARIGOT DRIVE
STREET ADDRESS	BOCA RATON FL 33428
CITY-ST-ZIP	

DOCUMENT #	FLEMING BARBARA J
NAME	4106 NORTHWEST 60TH CIRCLE
STREET ADDRESS	BOCA RATON FL 33496
CITY-ST-ZIP	

DOCUMENT #	DETTMAN GREGORY L
NAME	2901 BAYVIEW DRIVE
STREET ADDRESS	FORT LAUDERDALE FL 33308
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
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: Jeffrey A. Fleming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/19/2001

Date

Daytime Phone #

CR2E003 (11/00)