

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001947

1. Entity Name
OCEAN THREE LIMITED PARTNERSHIP

Principal Place of Business Mailing Address
2828 Coral Way PH 2828 Coral Way PH
Miami, FL 33145 Miami, FL 33145

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
01 MAY -1 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/1

DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number
65-1062099

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Hernandez, Angel
2828 Coral Way, PH
Miami, FL 33145

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

9. Capital Contributions as Shown on record. 

10. Amount of Capital Contributions in FLORIDA to date 6,998,675.50


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 #	00000114713	STREET ADDRESS	
NAME	TR6-Beach Three, Inc.	CITY-ST-ZIP	
STREET ADDRESS	2828 Coral Way PH		
CITY-ST-ZIP	Miami, FL 33145		
DOCUMENT #		STREET ADDRESS	100004215361--8
NAME		CITY-ST-ZIP	-05/14/01--01113--006
STREET ADDRESS			***535.00 ***535.00
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

PAID
CK. NO. 478 1183
DATE 4/18

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 20, Florida Statutes.

SIGNATURE:  ANGEL HERNANDEZ
VICE-PRESIDENT

4/27/01 305.46.9900
Daytime Phone #