

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A06253
 1. Entity Name
RAVENSWOOD WAREHOUSE INVESTORS, LTD.

FILED

Principal Place of Business Mailing Address
20801 BISCAYNE BLVD. **20801 BISCAYNE BLVD.**
SUITE 505 **SUITE 505**
NORTH MIAMI BEACH FL 33180 **NORTH MIAMI BEACH FL 33180**

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number **59-1817533** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BLVD.
SUITE 505
NORTH MIAMI BEACH FL 33180

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$442,492.45** 10. Amount of Capital Contributions in FLORIDA to date. _____ 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 # | 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 |
| DOCUMENT # | NAME |
| STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP |
| DOCUMENT # | NAME |
| STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|----------------|
| STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP |
| STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP |
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| CITY-ST-ZIP | CITY-ST-ZIP |
| STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP |

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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: *Lynn W. Fromberg* Date: **4/17/01** Daytime Phone: **305-993-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
LYNN W. FROMBERG

CR2E003 (11/00)