

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000063**

1. Entity Name
COBB PARTNERS, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business
2333 PONCE DE LEON BLVD.
PENTHOUSE 1100
CORAL GABLES FL 33134

Mailing Address
2333 PONCE DE LEON BLVD.
PENTHOUSE 1100
CORAL GABLES FL 33134-5427



2. Principal Place of Business
255 Aragon Ave
Suite, Apt. #, etc.
Ph. 301

3. Mailing Address
255 Aragon Ave
Suite, Apt. #, etc.
Ph. 301

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134 Country

Zip
33134 Country

4. FEI Number **65-0715596** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WESTON, ANDREW R
2333 PONCE DE LEON BLVD.
PENTHOUSE 1100
CORAL GABLES FL 33134

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. **\$5,776,650.00**

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 #	S45579
NAME	COBB PARTNERS, INC.
STREET ADDRESS	2333 PONCE DE LEON BLVD., PH 1100
CITY - ST - ZIP	CORAL GABLES FL 33134
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
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: **Cobb Partners, Inc. as general partner** **3/3/00**
by Andrew R Weston **305 441 1700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)