

# 2000 UNIFORM BUSINESS REPORT (UBR)

2017840 AF

**DOCUMENT # A99000001305**

1. Entity Name  
**FOX RIDGE-PARKLAND LIMITED PARTNERSHIP**

**FILED**

00 AUG -4 PM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
C/O HEARTHSTONE  
16133 VENTURA BLVD., SUITE 1400  
ENCINO CA 91436

Mailing Address  
C/O HEARTHSTONE  
16133 VENTURA BLVD., SUITE 1400  
ENCINO CA 91436-2447

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

4. FEI Number  
**95-4759867**  Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent  
**GRIFFIN, JAMES K JR.**  
**VICTORIA PARK CENTER**  
**1401 EAST BROWARD BLVD., SUITE 302**  
**FT. LAUDERDALE FL 33301-2116**

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. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,371,489**

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 CITY - ST - ZIP	<b>L98000003194</b> <b>FL MSII/SEPII GP, L.C.</b> <b>16133 VENTURA BLVD., SUITE 1400</b> <b>ENCINO CA 91436</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	<del>300003354113</del> <del>08/11/00-01086-011 4</del> <del>***526.00 ***525.50</del> <b>FF \$506.25</b>
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 19.07(3)(f), 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 REQUIRED**  
See Signature Block Attached  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4/20/00**

Daytime Phone #: **818/385-0005**

CR2E003 (9/99)