

2001 UNIFORM BUSINESS REPORT (UBR)

0019736 AB

DOCUMENT # **A99000000476**

1. Entity Name

COSTA BRAVA HOUSING, LTD.

FILED

01 JAN 22 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**205 TANNER STREET
CARROLLTON GA 30117**

Mailing Address

**205 TANNER STREET
CARROLLTON GA 30117**

2. Principal Place of Business

1544 SAWDUST Rd

3. Mailing Address

1544 SAWDUST Rd

Suite, Apt. #, etc.

SUITE 210

Suite, Apt. #, etc.

SUITE 210

City & State

THE WOODLANDS TX

City & State

THE WOODLANDS TX

Zip

77380

Country

US

Zip

77380

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0938512

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREEN, PATRICA K
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 30117**

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.

\$999.00

10. Amount of Capital Contributions
in FLORIDA to date.

999

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 # **L99000001674**
NAME **COSTA BRAVA SAN ANTONIO, LLC**
STREET ADDRESS **205 TANNER STREET**
CITY-ST-ZIP **CARROLLTON GA 30117**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1544 SAWDUST Rd, SUITE 210

CITY-ST-ZIP

THE WOODLANDS TX 77380

STREET ADDRESS

CITY-ST-ZIP

600003576286--7

STREET ADDRESS

-01/26/01--01043--007

CITY-ST-ZIP

*****150.00 ***150.00**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/18/01
Date

305-891-3331
Daytime Phone #

CR2E003 (11/00)