

2001 UNIFORM BUSINESS REPORT (UBR)

0006882 AF

DOCUMENT # **A99000000206**

1. Entity Name

OCEAN DIXIE, LTD.

Principal Place of Business

**75 N.E. 6TH AVENUE, SUITE 214
DELRAY BEACH FL 33483**

Mailing Address

**75 N.E. 6TH AVENUE, SUITE 214
DELRAY BEACH FL 33483**

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

65-0894346

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZENGAGE, JIM

75 N.E. 6TH AVENUE, SUITE 214

DELRAY BEACH FL 33483

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.

\$500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

320,928.

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 # **P97000073252**
NAME **RETAIL CONCEPTS, INC.**
STREET ADDRESS **75 N.E. 6TH AVENUE, SUITE 214**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

DOCUMENT # **P98000058972**
NAME **MAX REALTY CORPORATION**
STREET ADDRESS **9816 SOUTH MILITARY TRAIL, SUITE C-5**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jim Zengage
President Retail Concepts, Inc.

4/4/01

5612783100

Date

Daytime Phone #

FILED

01 APR 11 PM 11:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)