

2002 UNIFORM BUSINESS REPORT (UBR)

0009740 AT

DOCUMENT # A01000000775

1. Entity Name
ROSEN MYRTLE BEACH, LTD.

FILED

02 MAY -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2333 BRICKELL AVE.
SUITE D-1
MIAMI FL 33129**

Mailing Address
**2333 BRICKELL AVE.
SUITE D-1
MIAMI FL 33129**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DAVID, MARY ANN Y ESQ.
2333 BRICKELL AVE.
SUITE D-1
MIAMI FL 33129**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$50,000.00**

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 # | L01000008958 |
| NAME | CDR-ROSEN MYRTLE BEACH, LLC |
| STREET ADDRESS | 2333 BRICKELL AVE. |
| CITY-ST-ZIP | MIAMI FL 33129 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDRESS CHANGES ONLY

| | |
|----------------|------------------------------|
| STREET ADDRESS | 800005554228--8 |
| CITY-ST-ZIP | -05/16/02--01021--015 |
| STREET ADDRESS | ****141.25 ****141.25 |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
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| 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: **Clifford D. Rosen** **4/23/02** **(305) 859-4900**

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

CR2E003 (9/01)

STAPLE CHECK HERE