

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	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
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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	L01000008958 CDR-ROSEN MYRTLE BEACH, LLC 2333 BRICKELL AVE. MIAMI FL 33129
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	
CITY-ST-ZIP	
STREET ADDRESS	
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: **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