

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A00000000030

1. Entity Name

ROHO ULTIMATE, LTD. I

FILED

Principal Place of Business

Mailing Address

01 FEB -2 AM 9:31

C/O ROSS REALTY INVESTMENTS, INC.
10021 PINES BLVD., SUITE 101
PEMBROKE PINES FL 33024

C/O ROSS REALTY INVESTMENTS, INC.
10021 PINES BLVD., SUITE 101
PEMBROKE PINES FL 33024

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O ROSS REALTY
Suite, Apt. #, etc. #210
3325 S. UNIVERSITY DR.
City & State DAVIE, FL.
Zip 33328 Country USA

3. Mailing Address

3325 S. UNIVERSITY DR.
Suite, Apt. #, etc. #210
City & State DAVIE, FL.
Zip 33328 Country USA

4. FEI Number

65-0976305

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS REALTY INVESTMENTS, INC.
3325 SOUTH UNIVERSITY DRIVE, SECOND FLOOR
DAVIE FL 33328-2020

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.

\$1,520,000.00

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 # P94000006158
NAME ORLAN ENTERPRISES, INC.
STREET ADDRESS 10021 PINES ROAD, SUITE 106
CITY-ST-ZIP PEMBROKE PINES FL 33024

DOCUMENT # A94000000645
NAME ROHO DEVELOPMENT, LIMITED
STREET ADDRESS 3109 STIRLING ROAD, SUITE 200
CITY-ST-ZIP FT. LAUDERDALE FL 33312

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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 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

Date

Daytime Phone #

CR2E003 (11/00)