

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000036

1. Entity Name

TIMBERWALK, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 16 PM 1:33

Principal Place of Business

Mailing Address

9200 South Dadeland Blvd.
Suite 500
Miami, FL 33156

9200 South Dadeland Blvd.
Suite 500
Miami, FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

4. FFI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Robert Spiehman
9200 South Dadeland Blvd
Suite 500
Miami, FL 33156

Name Robert Spiehman
Street Address (P.O. Box Number is Not Acceptable)
9200 South Dadeland Blvd
Suite 500
City Miami FL Zip Code 33156

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

4/17/00

9. Capital Contributions as Shown on record.

\$100.00

10. Amount of Capital Contributions in FLORIDA to date.

\$100.00

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 #
NAME EquityLine Timberwalk, Inc.
STREET ADDRESS 9200 South Dadeland Blvd
CITY-ST-ZIP Suite 500
Miami, FL 33156

STREET ADDRESS
CITY-ST-ZIP 300003290453--1

DOCUMENT #
NAME
STREET ADDRESS F00000000002
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP -06/15/00--01025--013
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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

Date

Daytime Phone #

Robert E. Spiehman 4/17/00 305-610 9700

CR2E003 (9/99)