

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008638  
AT

DOCUMENT # **A00000000540**

1. Entity Name

**HIGHLANDS RANCH LIMITED PARTNERSHIP**

**FILED**

**02 APR 29 PM 5:40**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**4144 PINTA COURT  
CORAL GABLES FL 33146**

Mailing Address

**P.O. BOX 143733  
CORAL GABLES FL 33114-3733**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**65-1004923 APPLIED FOR**

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

**AMKGS REGISTERED AGENTS, INC.  
ONE SOUTHEAST THIRD AVE., SUITE 1980  
MIAMI FL 33131**

Name

**AMKGS Registered Agents, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**One Southeast Third Ave., Suite 2250**

City

**Miami**

**FL**

Zip Code

**33131**

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.

**AMKGS Registered Agents Inc.**

SIGNATURE

**By: Ana M. Escagudo, V.P.**

Signature, typed or printed name of registered agent and title if applicable. **Ana M. Escagudo, V.P.**

**4-24-02**

DATE

9. Capital Contributions  
as Shown on record.

**\$900,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P00000029361**  
NAME **HIGHLANDS RANCH, INC.**  
STREET ADDRESS **4144 PINTA COURT**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

STREET ADDRESS

**900005481309--3**

CITY-ST-ZIP

**-05/07/02--01059--007**

**\*\*\*\*526.25 \*\*\*\*526.25**

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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

**Highlands Ranch Inc.**

SIGNATURE:

**By: Ana M. Escagudo, V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-24-02**

Date

**305373-6600**

Daytime Phone #

CR2E003 (9/01)