

2001 UNIFORM BUSINESS REPORT (UBR)

0001723 AF

DOCUMENT # **A00000001049**

1. Entity Name

CAROLSTAN PROPERTIES, LTD. LLLP

Principal Place of Business
**6450 UNIVERSITY BOULEVARD
WINTER PARK FL 32792**

Mailing Address
**6450 UNIVERSITY BOULEVARD
WINTER PARK FL 32792**

FILED

01 FEB -8 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**ROBINSON, RICHARD M ESQ.
301 EAST PINE STREET, SUITE 1400
ORLANDO FL 32801**

Name **NORM LIEBERMAN**

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

6450 UNIVERSITY BOULEVARD

City **WINTER PARK**

FL

Zip Code **32792**

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.

20,000,000.00

Amount of Capital Contributions
in FLORIDA to date.

6,000,000.00

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 # **P00000063308**
NAME **CAROLSTAN, INC.**
STREET ADDRESS **6450 UNIVERSITY BOULEVARD**
CITY-ST-ZIP **WINTER PARK FL 32792**

STREET ADDRESS
CITY-ST-ZIP **300003677123--3**
-02/13/01--01080--012
******526.25 ****526.25**

DOCUMENT #
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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)