

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008186 AT

DOCUMENT # A00000001049

1. Entity Name
CAROLSTAN PROPERTIES, LTD. LLLP



FILED
03 MAR 10 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6450 UNIVERSITY BOULEVARD
WINTER PARK FL 32792

Mailing Address
6450 UNIVERSITY BOULEVARD
WINTER PARK FL 32792



2. Principal Place of Business

3. Mailing Address
C/O JAMES H. FULD
1929 STINERAM CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State
BELLEVILLE IL

4. FEI Number
59-3656045

Applied For
Not Applicable

Zip

Country

Zip
62221

Country
USA

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

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO FL 32803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$20,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 C/O JAMES H. FULD
CITY-ST-ZIP 1929 STINERAM CT
BELLEVILLE IL 62221

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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: CAROLSTAN, INC. GENERAL PARTNER BY: JAMES H. FULD, VICE PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)

SIAPLE CHECK HERE