

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000001491**1. Entity Name
INTERCOASTAL MANAGEMENT, LTD.Principal Place of Business
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES FL 33134
Mailing Address
16420 COLLINS AVENUE
MIAMI BEACH FL 33160

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
65-1048085
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FIELDSTONE RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES FL 33134

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 **MARIO A. ROMINE****05/01/2001**

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. 0:0010. Amount of Capital Contributions
in FLORIDA to date. 0.00**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

DOCUMENT #
NAME INTERCOASTAL MANAGEMENT, L.L.C.
STREET ADDRESS 16420 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33160DOCUMENT #
NAME
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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
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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: **Jeffrey Soffer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNERMgr **05/01/2001**

Date

Daytime Phone #

CR2E003 (11/00)