

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001898

1. Entity Name

STERNE FAMILY LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

5000 North Ocean Blvd., Unit 512
Fort Lauderdale, FL 33308

FILED

01 APR 16 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

David A. Gart
250 Australian Ave., South, Suite 500
West Palm Beach, FL 33401

Name

JEFFREY S. GROSSMAN

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

3101 N. FEDERAL HWY SUITE 302

City

FT. LAUDERDALE

FL

Zip Code

33306

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)

4/11/2001

DATE

9. Capital Contributions

as Shown on record.

\$1,960,000

10. Amount of Capital Contributions

in FLORIDA to date.

\$1,960,000

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 Pacific Holdings L.L.C.
STREET ADDRESS 5000 N. Ocean Blvd., #512
CITY-ST-ZIP Ft. Lauderdale, FL 33308

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME INDIAN HOLDINGS L.L.C.
STREET ADDRESS 5000 N. OCEAN BLVD. #512
CITY-ST-ZIP FT. LAUDERDALE FL 33308

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/2001

Date

Daytime Phone #

CR2E003 (11/00)