

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001343 AV

DOCUMENT # A01000000015

1. Entity Name

COLONY PARK, LTD.

FILED

02 MAY -6 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3225 AVIATION AVENUE, SUITE 700  
COCONUT GROVE FL 33133

Mailing Address

3225 AVIATION AVENUE, SUITE 700  
COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number  
74-2986556

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RIEGER, RANDY  
CLINTON COMMUNITIES  
3225 AVIATION AVE., SUITE 700  
COCONUT GROVE FL 33133

Name

C/O Housing Trust Group

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

3225 Aviation Ave Suite 700

City

Coconut Grove

FL

Zip Code

33133

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.

DATE

9. Capital Contributions  
as Shown on record.

\$3,478,079.00

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 # L01000000069  
NAME COLONY CLINTON, L.L.C.  
STREET ADDRESS 3225 AVIATION AVE., SUITE 700  
CITY-ST-ZIP COCONUT GROVE FL 33133

STREET ADDRESS

700005556037--2

CITY-ST-ZIP

-05/17/02--01005--002

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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:

Stewart Marcus

4/30/02

(305) 860-8188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)