

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000016

1. Entity Name

ONE OF B LIMITED

Principal Place of Business

1451 CYPRESS CREEK ROAD, SUITE 300
FORT LAUDERDALE FL 33309

Mailing Address

1451 CYPRESS CREEK ROAD, SUITE 300
FORT LAUDERDALE FL 33309

APPROVED
AND
FILED

02 MAR -8 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

412 S. MILITARY TRAIL

3. Mailing Address

412 S. MILITARY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH, FL

4. FEI Number

65-1066812

Applied For

Not Applicable

Zip

33441

Country

Zip

33441

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

GILLESPIE & ALLISON, P.A.
SUITE 300
1515 SOUTH FEDERAL HIGHWAY
BOCA RATON FL 33432

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

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

DATE

9. Capital Contributions
as Shown on record.

\$501,000.00

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 # P96000076976
NAME J.D. LANDON, INC.
STREET ADDRESS 1451 CYPRESS CREEK ROAD, SUITE 300
CITY-ST-ZIP FORT LAUDERDALE FL 33309

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0002690
AV

STAPLE CHECK HERE