

2002 UNIFORM BUSINESS REPORT (UBR)

0015545 AT

DOCUMENT # A01000001013

1. Entity Name

SBC DEVELOPMENTS, L.L.P.

FILED

02 APR 29 PM 6:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1 SOUTH SCHOOL AVENUE, SUITE 500
SARASOTA FL 34237

Mailing Address

1 SOUTH SCHOOL AVENUE, SUITE 500
SARASOTA FL 34237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

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

LIEBERMAN, LARRY P

1 SOUTH SCHOOL AVENUE, SUITE 500
SARASOTA FL 34237

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.

\$490.00

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 # A00000001762
NAME BGI DEVELOPMENT, L.L.P.
STREET ADDRESS 1 SOUTH SCHOOL AVENUE, SUITE 500
CITY-ST-ZIP SARASOTA FL 34237

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # M01000001672
NAME ALEXANDER BERNE/SBC LLC
STREET ADDRESS 20 WEST 64TH STREET
CITY-ST-ZIP NEW YORK NY 10023

STREET ADDRESS

CITY-ST-ZIP

600005481536-4

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this form 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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X 4/12/02

X 941-955-8000

CR2E003 (9/01)