

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001013

1. Entity Name
SBC DEVELOPMENTS, LLLP.



FILED

2003 DEC 17 PM 12:49

DIVISION OF CORPORATIONS
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

Zip Country

Zip Country

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

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. 235.00

11. MAKE CHECK PAYABLE TO FL 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, LLLP.
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

900015867929
04/14/03--01068--025 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 607(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: BY: GENBAR-I LLC GENERAL PARTNER BY:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

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