

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 APR 19 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001602

1. Entity Name

LAVERGNE INDUSTRIAL ASSOCIATES, LTD.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 SE 2nd ST

3. Mailing Address
300 SE 2nd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State
FT LAUDERDALE, FL

City & State
FT LAUDERDALE, FL

4. FEI Number
65-1158877

Applied For
Not Applicable

Zip Country
33301 Broward

Zip Country
33301 Broward

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PATRICIA JONES

Street Address (P.O. Box Number is Not Acceptable)
300 SE 2nd ST

City State Zip Code
FT. LAUDERDALE, FL 33301

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. \$4,900,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$4,900,000.00

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

DOCUMENT # P1000116163
NAME LaVergne Industrial Associates, Inc.
STREET ADDRESS 300 SE 2nd Street
CITY-ST-ZIP Ft. Lauderdale, FL 33301

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500005372975-7
-04/29/02--01128--018
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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 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: _____

Patricia Jones
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING GENERAL PARTNER

2/01/02 954-627-9300

CR2E003B (12/01)