

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

DOCUMENT # A02000001574

1. Entity Name

THE OAKS LS, LIMITED PARTNERSHIP



FILED

03 APR 10 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9200 South Dadeland Blvd

3. Mailing Address

9200 South Dadeland Blvd

Suite, Apt., #, etc.

Suite 500

Suite, Apt., #, etc.

Suite 500

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

56-2305255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert Spiechman

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

9200 South Dadeland Blvd

Suite 500

City

MIAMI

FL

Zip Code

33156

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

SIGNATURE

2/12/03

DATE

9. Capital Contributions
as Shown on record.

\$1000

10. Amount of Capital Contributions
in FLORIDA to date.

\$1800

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

OAKS LS, INC.
C/O Robert Spiechman
9200 South Dadeland Blvd.
Suite 500
MIAMI, FL 33156

STREET ADDRESS

CITY-ST-ZIP

9200 South Dadeland Blvd
Suite 500
MIAMI, FL 33156

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IN THIS SPACE**

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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

OAKS LS, INC.
Robert Spiechman

2/12/03

Date

Daytime Phone #

305-670-9700

CR2E003B (12/02)