

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0007736 AF

DOCUMENT # **A14709**

1. Entity Name

BOCA RATON HOTEL AND CLUB LIMITED PARTNERSHIP

01 MAY -1 PM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O EDWARD E. MARCH, SR. VP-FINANCE 501 E CAMINO REAL BOCA RATON FL 33432	C/O EDWARD E. MARCH, SR. VP-FINANCE 501 E CAMINO REAL BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
36-3248403	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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$50,600,000.00	10. Amount of Capital Contributions in FLORIDA to date. 50,600,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	B93000000417
NAME	BRMC, L.P.
STREET ADDRESS	% 380 LEXINGTON AVENUE, SUITE 4500
CITY-ST-ZIP	NEW YORK NY 10168

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700004275447--6
CITY-ST-ZIP	-05/22/01--01013--012
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-01 561-447-3000
Date Daytime Phone #

CR2E003 (11/00)