## **2001 UNIFORM BUSINESS REPORT (UBR)**

| Principal Place of Business 1201 BROKELL AVE. SUITE 210 MAMI FL 33131  2. Principal Place of Business Suite. Apt. #. etc.  2. Principal Place of Business Suite. Apt. #. etc.  2. Principal Place of Business Suite. Apt. #. etc.  2. Principal Place of Business Suite. Apt. #. etc.  2. Principal Place of Business Suite. Apt. #. etc.  3. Mailing Address Suite. Apt. #. etc.  2. Principal Place of Business Suite. Apt. #. etc.  3. Mailing Address Suite. Apt. #. etc.  2. Principal Place of Business Suite. Apt. #. etc.  3. Mailing Address Suite. Apt. #. etc.  5. Suite. Apt. #. etc.  5. Suite. Apt. #. etc.  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered office or registered Agent not be a second of the Agent New Agent New Agent New Agent New Agent New Agent New Agent | DOCUMENT # A17605  1. Entity Name                                                                                                                                                                           |                                          |  |     |                                       |            | FILED                                                 |                                               |                               |  |
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| Principal Place of Business   August 210   Making Address   200 BROADL AVE. SUITE 200   A. FEI Number 20 2000996   A. FEI Number 20 2000996   A. Applied For 20 BROADL AVE. SUITE 200   A. FEI Number In Not Address of Current Registered Agent   A. FEI Number In Not Address of BROADLAND AGENT   A. FEI Number In Not Address of BROADLAND AGENT   A. FEI Number In Not Address of BROADLAND AGENT   A. FEI Number In Not Address of BROADLAND AGENT   A. FEI Number In Not Address of BROADLAND AGENT   A. FEI Number In Not Address of BROADLAND AGENT   A. FEI Number In Not Address of BROADLAND AGENT   A. FEI Number In Not Address of BROADLAND AGENT   A. FEI Number In Not Address of BROADLAND AGENT   A. FEI Number In Not Address of BROADLAND AGENT   A. FEI Number In Not Address of BROADLAND AGENT   A. FEI Number In Not Address of BROADLAND AGENT   A. FEI Number In Not Address of BROADLAND AGENT   A. FEI Number In Not Address (FO. BROADLAND AGENT   A. FEI Number In Not Address (FO. BROADLAND AGENT   A. FEI Number In Not Address (FO. BROADLAND AGENT   A. FEI Number In Not Address (FO. BROADLAND AGENT   A. FEI Number In Not Address (FO. BROADLAND AGENT   A. FEI Number In Not Address (FO. BROADLAND AGENT   A. FEI Number In Not Address (FO. BROADLAND AGENT   A. FEI Number In Not Address (FO. BROADLAND AGENT   A. FEI Number In Not Address (FO. BROADLAND AGENT   A. FEI Number In Not Address (FO. BROADLAND AGENT   A. FEI Number In Not Address (FO. BROADLAND AGENT   A. FEI Number In Not Address (FO. BROADLAND AGENT   A. FEI Number In Not Address (FO. BROADLAND AGENT   A. FEI Number In Not Address (FO. BROADLAND AGENT   A. FEI Number In Not Address (FO. BROADLAND AGENT   A. FEI Number In Not Address (FO. BROADLAND AGENT   A. F   | INVERNESS ASSOCIATES, LTD.                                                                                                                                                                                  |                                          |  |     |                                       |            |                                                       |                                               |                               |  |
| Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  S. Conflicate of Status Desired  For Regulated  For Regulated | 1201 BRICKELL AVE. SUITE 210 1201 BRICKELL AVE. SUITE                                                                                                                                                       |                                          |  |     |                                       | E 210      |                                                       | CECPETARY OF STATE                            |                               |  |
| City & State  Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  HOLLANDER, DAVID G  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Codd  The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  Signal Upil  Signal Correlations  Signal  | 2. Principal Place of Business 3. Mailing Address                                                                                                                                                           |                                          |  |     |                                       |            |                                                       |                                               |                               |  |
| Zip Country Zip Country 5. Certificate of Status Desired 58.75 Additional Fee Findulated  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number 18 Not Acceptable)  Streat Address (P.O. Box Number 18 Not Acceptable)  10. Address (P.O. Box Number 18 Not Acceptable)  11. Make CHECK PAYABLE TO DEPT. OF STATE SET Registered Agent 7. Name and Address (P.O. Box Number 18 Not Acceptable)  12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Suite, Apt. #, etc. Suite, Apt. #, etc.                                                                                                                                                                     |                                          |  |     |                                       |            |                                                       |                                               |                               |  |
| 6. Name and Address of Current Registered Agent  HOLLANDER, DAVID G 3. Name and Address of New Registered Agent  Name    Name   Name   Not Acceptable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ,                                                                                                                                                                                                           |                                          |  |     |                                       |            |                                                       | 23-2309986                                    | Applied For<br>Not Applicable |  |
| NOTE   Control Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                          |  |     |                                       |            |                                                       | 5. Certificate of Status Desired Fee Required |                               |  |
| SIGNATURE  9. Capital Contributions \$7,932,500.00  10. Amount of Capital Contributions as Shown on record.  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MNY NOT be changed on the form; an amendment must be filed to change a general partner.  12. GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  19.000084207 INVERNESS REALTY CORP.  2010 BRICKELL AVE, SUITE 210 IMAMI FL 33131  DOCUMENT / STEET ADDRESS CITY-ST-2P  10000851 / STREET ADDRESS CITY-ST-2P  10000851 / STREET ADDRESS CITY-ST-2P  10000851 / STREET ADDRESS CITY-ST-2P  10000852 / STREET ADDRESS CITY-ST-2P  10000853 / STREET ADDRESS CITY-ST-2P  10000854 / STREET ADDRESS CITY-ST-2P  10000855 / STREET ADDRESS CITY-ST-2P  10000855 / STREET ADDRESS CITY-ST-2P  10000857 / STREET ADDRESS CITY-ST-2P                                                                                                                                                                                                                                 | HOLLANDER, DAVID G<br>3109 STIRLING RD, SUITE 200                                                                                                                                                           |                                          |  |     |                                       |            | Street Address (P.O. Box Number is Not Acceptable)    |                                               |                               |  |
| 9. Capital Contributions as Shown on record  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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT / NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  CITY-ST-Z | SIGNATURE                                                                                                                                                                                                   |                                          |  |     |                                       |            |                                                       |                                               |                               |  |
| T2. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  P\$400084207 NVERNESS REALTY CORP. 1201 BRICKELL AVE, SUITE 210 MIAMI FL 33131  DOCUMENT / NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  DOCUMENT / ST-ZIP  | 9. Capital Contributions \$7,932,500,00 10. Amount of Capital C                                                                                                                                             |                                          |  |     |                                       | al Contrib | tributions . 11. MAKE CHECK PAYABLE TO DEPT. OF STATE |                                               |                               |  |
| DOCUMENT   NAME   STREET ADDRESS   STR   | 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. |                                          |  |     |                                       |            |                                                       |                                               |                               |  |
| STREET ADDRESS   1201 BRICKELL AVE, SUITE 210   CITY-ST-ZIP   CITY-ST-   | DOCUMENT # P94000084207                                                                                                                                                                                     |                                          |  |     |                                       |            | ET ADDRESS                                            | ADDRESS CHANGES UNLT                          |                               |  |
| NAME   STREET ADDRESS   CITY-ST-ZIP   CITY   | STREET ADDRESS                                                                                                                                                                                              | EET ADDRESS 1201 BRICKELL AVE, SUITE 210 |  |     |                                       | CITY       | -ST-ZIP                                               |                                               |                               |  |
| NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAME<br>STREET ADDRESS                                                                                                                                                                                      |                                          |  |     |                                       |            | -                                                     | -03/09/0101020-                               | -005                          |  |
| STREET ADDRESS CITY-ST-ZIP  COCGMENT # NAME STRÉET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                             |                                          |  |     |                                       | STRE       | ET ADDRESS                                            |                                               |                               |  |
| NAME STIFÉET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS                                                                                                                                                                                              |                                          |  | a • | <u> </u>                              | - 'CITY    | -ST-ZIP -                                             |                                               |                               |  |
| DOCUMENT # NAME SIREET ADDRESS CITY-ST-ZIP  DOCUMENT # STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NAME                                                                                                                                                                                                        |                                          |  |     |                                       |            |                                                       |                                               |                               |  |
| NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                             |                                          |  |     |                                       |            |                                                       |                                               |                               |  |
| DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NAME<br>STREET ADDRESS                                                                                                                                                                                      |                                          |  |     |                                       | ŀ          |                                                       |                                               |                               |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME                                                                                                                                                                                                        |                                          |  |     | · · · · · · · · · · · · · · · · · · · |            | ,                                                     |                                               |                               |  |
| 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 partnersh the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE:  SIGNATURE  SIGNATURE  SIGNATURE  Date  |                                                                                                                                                                                                             |                                          |  |     |                                       |            |                                                       |                                               |                               |  |