

2001 UNIFORM BUSINESS REPORT (UBR)

0003987 AF

DOCUMENT # **A17605**

1. Entity Name
INVERNESS ASSOCIATES, LTD.

FILED *mf*
01 MAR -5 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1201 BRICKELL AVE. SUITE 210 MIAMI FL 33131**
Mailing Address: **1201 BRICKELL AVE. SUITE 210 MIAMI FL 33131**

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 **23-2309986** | 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

HOLLANDER, DAVID G
3109 STIRLING RD, SUITE 200
FT LAUDERDALE FL 33312

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. **\$7,932,500.00** | 10. Amount of Capital Contributions in FLORIDA to date. | 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000084207**
NAME **INVERNESS REALTY CORP.**
STREET ADDRESS **1201 BRICKELL AVE, SUITE 210**
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]* **G.P. Secretary**
Inverness Realty 2.22.01 954.9629700
corp.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #

CP2E003 (11/00)