

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

0001060  
AV

DOCUMENT # **A19644**

1. Entity Name  
**COUNTRY CLUB PLAZA, LTD.**

02 APR 26 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>777 BRICKELL AVE., STE. 1200 MIAMI FL 33131</b>	Mailing Address <b>777 BRICKELL AVE., STE. 1200 MIAMI FL 33131</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-2537288**      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**

**LEVENSHON, IRA M.  
777 BRICKELL AVE., STE. 1200  
MIAMI FL 33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record **\$2,137,500.00**      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 # **F89261**  
NAME **I.M.L. PROPERTIES, INC.**  
STREET ADDRESS **777 BRICKELL AVE., STE. 1200**  
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS **900005449349--0**  
CITY-ST-ZIP **-05/03/02--01022--024**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **I.M.L. Properties** **4/18/02** **305-373-9100**  
Date Daytime Phone #

CR2E003 (9/01)