

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23831**

1. Entity Name

LAUDERDALE INVESTMENTS, A CALIFORNIA LIMITED PARTNERSHIP

Principal Place of Business

**2440 S.E. FEDERAL HWY. STE. 600
STUART FL 34994**

Mailing Address

**P.O. BOX 359
STUART FL 34996**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**SHARFF, BURTON G
2315 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$3,189,200.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**CRANDALL, ROBERT C
2440 S.E. FEDERAL HWY, STE. 600
STUART FL 34994**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**GARRIS, STANLEY R
2440 S.E. FEDERAL HWY, STE. 600
STUART FL 34994**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**PETROSSIAN, VIGEN
3031 N OCEAN BLVD.
FT. LAUDERDALE FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**LINER, B V
5603 N STATE RD. #7
FT. LAUDERDALE FL 33319**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FF \$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:

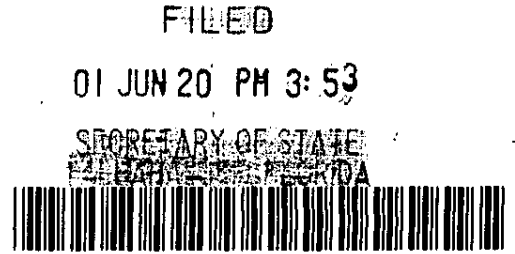
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/10/01 561-287-1844

CR2E003 (11/00)



DO NOT WRITE IN THIS SPACE