2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 08:00 AM
Secretary of State

DOCUMENT # **A24496**

1. Entity Name
FORBES/COHEN FLORIDA PROPERTIES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
100 GALLERIA OFFICENTRE STE. 427 SOUTHFIELD MI 480370667	100 GALLERIA OFFICENTRE STE. 427 SOUTHFIELD MI 480370667

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **38-2690168** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE GARDENS OF THE PALM BEACHES
3101 PGA BOULEVARD

PALM BEACH GARDENS FL
33410 US

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 ______________________ 04/03/2001
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. 550,000.00

10. Amount of Capital Contributions in FLORIDA to date. 550,000.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	 FORBES/COHEN PROPERTIES 100 GALLERIA OFFICENTRE SOUTHFILED MI	STREET ADDRESS CITY-ST-ZIP	100 GALLERIA OFFICENTRE SOUTHFIELD MI 48034
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CR2E003 (11/00)

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: NATHAN FORBES GP 04/03/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #