

2000 UNIFORM BUSINESS REPORT (UBR)

201151 1/1

CR2E003 (9/99)

DOCUMENT # **A26983**


1. Entity Name
GARDEN SOUTH 535, LTD.

Principal Place of Business 3330 GLENCAIRN COURT SUITE 201 BONITA SPRINGS FL 34134	Mailing Address 3330 GLENCAIRN COURT SUITE 201 BONITA SPRINGS FL 34134-1658
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. Name and Address of Current Registered Agent
**RIHS, DOMINIQUE C
5131 SUNBURY COURT
NAPLES FL 34104**

FILED
00 MAR 16 PM 4: 58
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



4. FEI Number **59-2910730** Applied For
Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,117,019.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$995,213**

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	STREET ADDRESS	
		CITY - ST - ZIP	CITY - ST - ZIP	
	HOFMANN, VOLKER	KONIGINSTR 25	GEYER STR. 32	
		80530 MUNICH GERMANY A 26083	80 469 MUNICH, GERMANY	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
		CITY - ST - ZIP	CITY - ST - ZIP	
	RIMBACH, THOMAS	HERMANN-GMEINER-WEG 16		
		81929 MUNICH, GERMANY	600003187376--7	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
		CITY - ST - ZIP	CITY - ST - ZIP	
			=03/28/00--01074--002	
			****526.25 ****526.25	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
		CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
		CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
		CITY - ST - ZIP	CITY - ST - ZIP	

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 THOMAS RIMBACH** **03-14-2000** **(941) 947 3217**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #