

2002 UNIFORM BUSINESS REPORT (UBR)

0015144 AT

DOCUMENT # **A26983**

1. Entity Name

GARDEN SOUTH 535, LTD.

02 APR 11 PM
SECRETARY OF
TALLAHASSEE, FL

Principal Place of Business

**3330 GLENCAIRN COURT
SUITE 201
BONITA SPRINGS FL 34134**

Mailing Address

**3330 GLENCAIRN COURT
SUITE 201
BONITA SPRINGS FL 34134**



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 **59-2910730**

Applied For

Not Applicable

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

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIHS, DOMINIQUE C
5131 SUNBURY COURT
NAPLES FL 34104**

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.

DATE

9. Capital Contributions as Shown on record.

\$1,117,019.00

10. Amount of Capital Contributions in FLORIDA to date.

\$674,684.00

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 **HOFMANN, VOLKER**
STREET ADDRESS **GEYERSTR.32**
CITY-ST-ZIP **80469 MUNICH.GERMANY**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **RIMBACH, THOMAS**
STREET ADDRESS **HERMANN-GMEINER-WEG 16**
CITY-ST-ZIP **81929 MUNICH, GERMANY**

STREET ADDRESS
CITY-ST-ZIP

600005273206-6
-04/15/02--01091--017
******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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 (RIMBACH, THOMAS)

APRIL 8, 2002 (941) 9473217

Date

Daytime Phone #

CR2E003 (9/01)