

# 2000 UNIFORM BUSINESS REPORT (UBR)

000005 11

DOCUMENT # **A27007**

1. Entity Name  
**STS LAND ASSOCIATES LIMITED PARTNERSHIP**

FILED

00 MAY 30 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**200 SOUTH PARK ROAD  
SUITE 200  
HOLLYWOOD FL 33021**

Mailing Address  
**200 SOUTH PARK ROAD  
SUITE 200  
HOLLYWOOD FL 33021-6541**

2. Principal Place of Business  
**300 Hollywood Way**  
Suite, Apt. #, etc.

3. Mailing Address  
**300 Hollywood Way**  
Suite, Apt. #, etc.

City & State  
**Hollywood, Florida**

City & State  
**Hollywood, Florida**

Zip  
**33021**

Country  
**USA**

Zip  
**33021**

Country  
**USA**

4. FEI Number **65-0068748**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**STOTZER, THEODORE R.**  
**200 SOUTH PARK ROAD**  
**SUITE 200**  
**HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**300 Hollywood Way**

City **Hollywood,** **FL** Zip Code **33021**

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. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$0.00**

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		
DOCUMENT #	<b>A27009</b>	
NAME	<b>HOLLYWOOD STS ASSOCIATES</b>	<b>Hollywood STS Associates</b>
STREET ADDRESS	<b>200 SOUTH PARK RD., #200</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL 33021</b>	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
DOCUMENT #		
NAME		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>300 Hollywood Way</b>
CITY - ST - ZIP	<b>Hollywood, Florida 33021</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>600003298216--1</b>
CITY - ST - ZIP	<b>-06/21/00--01009--011</b>
STREET ADDRESS	<b>****150.00 ****150.00</b>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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.

**STS Land Associates, L.P., By: Hollywood STS Associates, L.P., By: MJS Holdings II, LLC**

SIGNATURE By: **SIG/MJS REQUIRED** **Michael Swerdlow, Man. Mbr. 4/25/00 (954) 981-1000**

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