

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29191**

1. Entity Name

CURRITUCK INVESTMENTS, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 18 AM 11:43



DO NOT WRITE IN THIS SPACE

Principal Place of Business 701 BRICKELL AVE., SUITE 850 MIAMI FL 33131	Mailing Address 701 BRICKELL AVE., SUITE 850 MIAMI FL 33131-2822
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0986882	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HUDSON, ROBERT F. JR.
1200 BRICKELL AVENUE
19TH FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
C T Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.
City
Plantation **FL** Zip Code
33324

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 *Vicky Goldstein* **VICKY GOLDSTEIN** **4-17-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.) DATE
SPECIAL ASSISTANT SECRETARY

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	P39916 BRIARCLIFF HOLDINGS, LTD THE LAKE BUILDING, FIRST FLOOR ROAD TOWN, VIRGIN ISLANDS
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L26585 CURRITUCK INVESTMENTS, INC. 701 BRICKELL AVE., SUITE 850 MIAMI FL
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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	

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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/14/00 305-381-8340
Date Daytime Phone #

CR2E003 (9/99)