

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

**DOCUMENT # A30023**

1. Entity Name  
**CSF VINTAGE PROPERTIES III, LTD.**

Principal Place of Business <b>1601 JEFFERSON AVENUE          MIAMI BEACH FL 33139</b>	Mailing Address <b>1601 JEFFERSON AVENUE          MIAMI BEACH FL 33139-7602</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5801 BISCAYNE BLVD.</b>		3. Mailing Address <b>5801 BISCAYNE BLVD.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>	Zip <b>33132</b>	Country <b>DADE</b>

4. FEI Number <b>59-0356580</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**POLAKOFF, STEVEN  
 1601 JEFFERSON AVENUE  
 MIAMI FL 33139**

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. <b>\$400,010.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	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 # <b>L69079</b>	<b>VINTAGE PROPERTIES GROUP, INC.</b>	STREET ADDRESS <b>5801 BISCAYNE BLVD.</b>	
NAME <b>1601 JEFFERSON AVE.</b>		CITY - ST - ZIP <b>MIAMI, FL 33132</b>	
STREET ADDRESS <b>MIAMI BEACH FL</b>			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 REQUIRED~~ STEVEN POLAKOFF 4/28/00 305 758-8088**

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