

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002863 AF

**DOCUMENT # A31042**

1. Entity Name

**FLORIDA SHOPPING CENTER MANAGEMENT, LTD.****FILED**

01 APR 16 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

rf

Principal Place of Business

3850 HOLLYWOOD BLVD SUITE 400  
HOLLYWOOD FL 33021

Mailing Address

3850 HOLLYWOOD BLVD SUITE 400  
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0233568

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORNFELD, ROBERT M.  
3050 HOLLYWOOD BLVD.  
SUITE 400  
HOLLYWOOD FL 33021

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$25,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$25,000,000.00

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 # S21712  
NAME CAMBRIDGE ASSET MGMT, INC  
STREET ADDRESS 3850 HOLLYWOOD BL, #400  
CITY-ST-ZIP HOLLYWOOD FL

STREET ADDRESS

CITY-ST-ZIP

100004104321--E  
-05/01/01--01119--010  
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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:

Robert M. Cornfeld, President  
Cambridge Asset Mgmt, Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/12/01

Date

(954) 989-2200

Daytime Phone #

CR2E003 (11/00)