

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006088 AF

DOCUMENT # **A31281**

1. Entity Name

COUNTY LINE SOUTH PROPERTIES, LTD.

Principal Place of Business

450 E. LAS OLAS BLVD., 15TH FLOOR  
FT. LAUDERDALE FL 33301

Mailing Address

450 E. LAS OLAS BLVD., 15TH FLOOR  
FT. LAUDERDALE FL 33301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

65-0247815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
ONE SE 3RD AVE., 27TH FLOOR  
MIAMI FL 33131

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.

\$2,385,100.00

10. Amount of Capital Contributions  
in FLORIDA to date.

2,385,100

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 # **S36726**  
NAME **COUNTY LINE SOUTH MANAGEMENT, INC.**  
STREET ADDRESS **450 E. LAS OLAS BLVD., 15TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33301**

STREET ADDRESS

CITY-ST-ZIP

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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:

*CRIS V. BRANLEY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-01

Date

954-627-5000

Daytime Phone #

CR2E003 (11/00)