

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009090 AF

**DOCUMENT # A31347**

1. Entity Name

**COCONUT CREEK PROPERTY HOLDINGS, LTD.**

FILED  
01 APR 27 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

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 **65-0295332** Applied For Not Applicable

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

**ROCHON, RICHARD C**  
450 E. LAS OLAS BLVD., 15TH FLOOR  
FT. LAUDERDALE FL 33301

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 \_\_\_\_\_ (NO) Registered Agent's signature required when reinstating DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$100,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **100,000.00** 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	
DOCUMENT #	<b>S33242</b>
NAME	<b>COCONUT CREEK PROPERTY MANAGEMENT, INC.</b>
STREET ADDRESS	<b>450 E. LAS OLAS BLVD., 15TH FLOOR</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<b>500004217415--6</b>
STREET ADDRESS	<b>05/15/01 01084 002</b>
CITY-ST-ZIP	<b>***526.25 ***526.25</b>
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: CRIS V. BRANDEN 4/26/01 954-627-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)