

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32525**

1. Entity Name

NEWFIELD PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 24 AM 10: 02

Principal Place of Business

1401 BRICKELL AVENUE, SUITE 1000
MIAMI FL 33131

Mailing Address

1401 BRICKELL AVENUE, SUITE 1000
MIAMI FL 33131

2. Principal Place of Business

1401 Brickell Ave

3. Mailing Address

1401 Brickell Avenue

Suite, Apt. #, etc.

SUITE 332

Suite, Apt. #, etc.

SUITE 332

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0305634

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMES, STUART D.
% STEARNS WEAVER MILLER
150 W FLAGLER ST, SUITE 2200
MIAMI FL 33130

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

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.

\$8,550,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # V03897
NAME NEWFIELD (G.P.) INC.
STREET ADDRESS 1401 BRICKELL AVE., #1000
CITY-ST-ZIP MIAMI FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300003384403--3

09/06/00 01107-020

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DOCUMENT #
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/21/00

Date

(305) 373-8118

Daytime Phone #

CR2E003 (5/00)