

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32912

1. Entity Name

Hideaway In the Grove, Ltd.

Principal Place of Business

Mailing Address

2. Principal Place of Business

9095 SW 87 Ave

Suite, Apt. #, etc.

777

City & State

Miami FL

Zip

33176

Country

USA

3. Mailing Address

9095 SW 87 Ave

Suite, Apt. #, etc.

Suite 777

City & State

Miami FL

Zip

33176

Country

USA

4. FEI Number

65-0389782

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

James R. Mitchell
9095 SW 87 Avenue
Suite 777
Miami, FL 33176

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.

\$1,000.00

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # V22770
NAME Florida Property Management and Development, Inc.
STREET ADDRESS 9095 SW 87 Ave, Ste 777
CITY-ST-ZIP Miami, FL 33176

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS 000004217660--2
CITY-ST-ZIP -05/15/01--01095--029

STREET ADDRESS
CITY-ST-ZIP ****141.25 ****141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

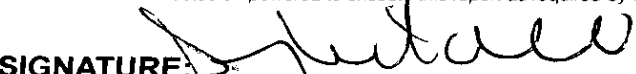
STREET ADDRESS

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAMES R. MITCHELL

04/06/01

305-270-0870

FILED

01 APR 27 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)