

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000277

1. Entity Name

ROSEMONT CRESTE LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

[Handwritten Signature]



DO NOT WRITE IN THIS SPACE

Principal Place of Business

760 NW 107 AVE., SUITE 300
MIAMI FL 33172

Mailing Address

851 SW SIXTH AVE., SUITE 1400
PORTLAND OR 97204

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6420 SW MALADAM

Suite, Apt. #, etc.

100

City & State

PORTLAND, OREGON

Zip

97201

Country

USA

4. FEI Number

59-3166071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

\$6,000,000.00

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 # P32370
NAME LNR ORLANDO LIMITED, INC.
STREET ADDRESS 851 SW SIXTH AVE., SUITE 1400
CITY-ST-ZIP PORTLAND OR 97204

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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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:

[Handwritten Signature: JILL ROBERTS]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ASSISTANT SECRETARY,

LNR ORLANDO LIMITED, INC.

508-
892-4646

Date 9.25.00 Daytime Phone #

CR2E003 (5/00)