

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000277

1. Entity Name
ROSEMONT CRESTE LIMITED PARTNERSHIP



Principal Place of Business
760 NW 107 AVE., SUITE 300
MIAMI, FL 33172

Mailing Address
6420 S.W. MACADAM AVE., STE. 100
PORTLAND, OR 97201

FILED

03 MAY 22 AM 8:00
03 MAY 22 AM 8:00
SECRETARY OF
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

1601 Washington Ave., Suite 800
Miami Beach, FL 33139

City & State

4. FEI Number
59-3166071

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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 # P32370
NAME LNR ORLANDO LIMITED, INC.
STREET ADDRESS 6420 SW MACADAM AVE., STE. 100
CITY-ST-ZIP PORTLAND, OR 97201

STREET ADDRESS 1601 Washington Ave., Suite 800
CITY-ST-ZIP Miami Beach, FL 33139

DOCUMENT #
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CITY-ST-ZIP

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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.

By: **Arthur J. Lieberman**, Managing member, for: **Rosemont Creste limited partnership**
SIGNATURE: **Arthur J. Lieberman** 4/29/03 305/695-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CRZE003 (10/02)