

2001 UNIFORM BUSINESS REPORT (UBR)

0003925 AF

DOCUMENT # **A93000000519**

1. Entity Name

MARICOPA INVESTMENT FUND, LTD.

FILED

01 MAY -3 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

WEIL GOTSHAL & MANGES LLP
701 BRICKELL AVENUE, SUITE 2100
MIAMI FL 33131

Mailing Address

WEIL GOTSHAL & MANGES LLP
701 BRICKELL AVENUE, SUITE 2100
MIAMI FL 33131

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

65-0405075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEIL GOTSHAL & MANGES LLP
701 BRICKELL AVENUE, SUITE 2100
MIAMI FL 33131

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.

\$47,121,888.68

10. Amount of Capital Contributions
in FLORIDA to date.

\$89,142,951

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **V64903**
NAME **MARICOPA INTERNATIONAL INVESTMENT CORP.**
STREET ADDRESS **701 BRICKELL AVE., SUITE 2100**
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS

100004272041--6

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:

OTTO G. OBERMAIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Otto G. Obermaier,
Receiver

See Attachment

Date

Daytime Phone #

4-26-01 212-310-8843

CR2E003 (11/00)