

2001 UNIFORM BUSINESS REPORT (UBR)

0003966 AF

DOCUMENT # **A93000001206**

1. Entity Name

THE CLEARWATER OFFICE PARK LTD.

FILED

01 APR 27 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1717 N. BAYSHORE DRIVE, SUITE 208 MIAMI FL 33132	Mailing Address 1717 N. BAYSHORE DRIVE, SUITE 208 MIAMI FL 33132
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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 65-0449110	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent S & K PROPERTY MANAGEMENT, INC. 1717 NO. BAYSHORE DRIVE, SUITE 208 33132 FL F3145

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P92000014759	STREET ADDRESS	
NAME	FLORIDA INVESTMENT GROUP, INC.	CITY - ST - ZIP	
STREET ADDRESS	2300 CORAL WAY, CANTELOP BLDG., STE. 200		
CITY - ST - ZIP	MIAMI FL 33145		
DOCUMENT #		STREET ADDRESS	3000004213423--6 -05/11/01--01148--023 *****8.75 *****8.75
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	3000004213423--6 -05/11/01--01148--035 ****526.25 ****526.25
NAME		CITY - ST - ZIP	
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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: *James H. P. Fortson* President 4/25/01 305 577-3885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)