

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001461

1. Entity Name

ORIOLE JOINT VENTURE, LTD.

Principal Place of Business
1690 SOUTH CONGRESS AVENUE
DELRAY BEACH FL 33445

Mailing Address
1690 SOUTH CONGRESS AVENUE
DELRAY BEACH FL 33445-6385

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 65-0456394

Applied For

Not Applicable

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

PIVINSKI, J.
C/O ORIOLE HOMES CORP.
1690 S CONGRESS AVE
DELRAY BEACH FL 33445

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.

\$7,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P93000088817
NAME ORIOLE LIMITED, INC.
STREET ADDRESS 1690 SOUTH CONGRESS AVENUE
CITY - ST - ZIP DELRAY BEACH FL 33445

STREET ADDRESS

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:

SIGNATURE REQUIRED

PIVINSKI

3/21/00

(561) 274-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

APPROVED
AND
FILED

00 MAR 30 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/6



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)