

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000359**

1. Entity Name

OCEAN MIST LAUDERDALE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business % 229 S. ATLANTIC BLVD. FT. LAUDERDALE FL 33316	Mailing Address % 229 S. ATLANTIC BLVD. FT. LAUDERDALE FL 33316
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3231624	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent TOOMEY, THOMAS 229 A. ATLANTIC BLVD. FT. LAUDERDALE FL 33316	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$5,154,640.00	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 # NAME STREET ADDRESS CITY - ST - ZIP	P94000021901 OCEAN MIST LAUDERDALE, INC. 219 SOUTH ATLANTIC BLVD. FORT LAUDERDALE FL 33316	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: Tom Toomey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-18-00 954-462-4260
Date Daytime Phone #

CR2E003 (9/99)