

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001091

1. Entity Name
SMYRNA BEACH PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 10:20



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2400 S. DIXIE HIGHWAY, SUITE 200
MIAMI FL 33133

Mailing Address
2400 S. DIXIE HIGHWAY, SUITE 200
MIAMI FL 33133-3153

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 65-0513207
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GREER, EVELYN L
2400 S. DIXIE HIGHWAY, SUITE 200
MIAMI FL 33133

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

9. Capital Contributions as Shown on record. \$850,000.00
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 #	P94000065362	STREET ADDRESS	nj 2/29/00	
NAME	SMYRNA BEACH PROPERTIES, INC.	CITY - ST - ZIP		
STREET ADDRESS	2400 S. DIXIE HIGHWAY, SUITE 200	STREET ADDRESS	500003155875--7 -03/03/00--01015--003	
CITY - ST - ZIP	MIAMI FL 33133	CITY - ST - ZIP		
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CITY - ST - ZIP		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: *Philip M. Greer* RED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/00
Date Daytime Phone #

CR2E003 (9/99)