

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000511**

1. Entity Name

**PLANTATION MGROUP LTD.**

FILED

02 JAN 28 PM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**C/O SOUTHEAST CENTERS  
1541 SUNSET DR., SUITE 300  
CORAL GABLES FL 33143**

Mailing Address  
**NORMAN ORODENKER/TILLINGHAST LIGHT PERKINS  
SMITH & COHEN LLP/10 WEYBOSSET ST 10TH FL  
PROVIDENCE RI 02903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**13-3840576**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**AXELROD, ALAN D  
C/O BILZIN SUMBERG DUNN & AXELROD LLP  
2500 FIRST UNION FINANCIAL CENTER  
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.

DATE

9. Capital Contributions as Shown on record.

**\$2,998,600.00**

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 # **P95000017680**  
NAME **PLANTATION MGP CORP.**  
STREET ADDRESS **156 WEST 56TH ST., 12TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10019**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**NORMAN E. ORODENKER** 1/9/02 901-956-1200

CP2E003 (9/01)

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