

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # A95000001614**1. Entity Name
OCEAN BOULEVARD SOUTH, LTD.Principal Place of Business
2600 GOLDEN GATE PARKWAY
NAPLES FL 34105
Mailing Address
P.O. BOX 413038
NAPLES FL 341012. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
P.O. BOX 413038
Suite, Apt. #, etc.City & State
NAPLES FLZip Country
34101 3038 FL4. FEI Number
65-0614151
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMARINELLI PAUL J
2600 GOLDEN GATE PARKWAY
NAPLES FL 34105 US**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 _____ DATE **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)9. Capital Contributions as Shown on record. **4,351,233.00**
10. Amount of Capital Contributions in FLORIDA to date. **4,351,233.00**
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 #		STREET ADDRESS	
NAME	SPROUL JULIET C	CITY-ST-ZIP	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL 34105		
DOCUMENT #		STREET ADDRESS	
NAME	COLLIER BARRON III	CITY-ST-ZIP	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL 34105		
DOCUMENT #		STREET ADDRESS	
NAME	VILLERE FRANCES G	CITY-ST-ZIP	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL 34105		
DOCUMENT #		STREET ADDRESS	
NAME	GABLE LAMAR	CITY-ST-ZIP	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL 34105		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: **JULIET C. SPROUL** GP **05/01/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)