

# 600 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT-# **A95000001653**

1. Entity Name

**LEE'S CROSSING-DELRAY BEACH LIMITED PARTNERSHIP**

FILED

00 MAY 15 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O JAMES GRIFFIN  
1401 E BROWARD BLVD., #302  
FT LAUDERDALE FL 33301

Mailing Address

C/O MARK PORATH  
16133 VENTURA BLVD. STE. 1400  
ENCINO CA 91436-2447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4550965

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

GRIFFIN, JAMES  
VICTORIA PARK CENTER  
1401 E BROWARD BLVD., STE 302  
FT LAUDERDALE FL 33301

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.

**\$985,176.78**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$ 235,551**

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 # **L97000000589**  
NAME **MS/SEP #2 GP, L.C.**  
STREET ADDRESS **16133 VENTURA BLVD., 1400**  
CITY - ST - ZIP **ENCINO CA 91436**

STREET ADDRESS

CITY - ST - ZIP

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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:

**SIGNATURE REQUIRED**  
See signature block attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**818/385-0005**

CE - 00000000

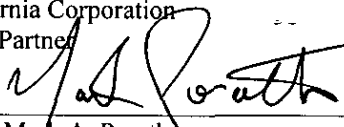
Form: 2000 Uniform Business Report (UBR)

FILED  
00 MAY 15 PM 4: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LEE'S CROSSING-DELRAY LIMITED PARTNERSHIP,  
A Florida limited partnership

By: MS/SEP #2 GP, L.C.  
A Florida limited liability company  
General Partner

By: Hearthstone  
A California Corporation  
General Partner

By:   
Mark A. Porath  
Chief Financial Officer  
and Senior Vice President

4/19/00