

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001803

1. Entity Name

CLIFTON/RBG XVI LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

Principal Place of Business
355 NE 5TH AVE SUITE 4
DELRAY BEACH FL 33483

Mailing Address
355 NE 5TH AVE SUITE 4
DELRAY BEACH FL 33483-5542



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0629224

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

WIENER, DAVID J ESQ.
C/O LEVY, KNEEN, ET AL
1400 CENTREPARK BLVD., STE. 1000
WEST PALM BEACH FL 33401

Name Jayne ~~Regester~~ Barkdull
Street Address (P.O. Box Number is Not Acceptable)
C/O Levy Kneen et al
1400 Centrepark Blvd Ste 1000
City West Palm Beach FL Zip Code 33401

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 4/6/00

9. Capital Contributions as Shown on record. \$2,100,000.00

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 # P95000063600
NAME CLIFTON VENTURES III, INC.
STREET ADDRESS 355 NE 5TH AVE SUITE 4
CITY - ST - ZIP DELRAY BEACH FL 33483

STREET ADDRESS

CITY - ST - ZIP

500003249055--4
-05/11/00--01102--004

DOCUMENT # F95000004715
NAME RBG XVI CORP.
STREET ADDRESS 154 WEST HUBBARD STREET, STE. 250
CITY - ST - ZIP CHICAGO IL 60610

STREET ADDRESS

CITY - ST - ZIP

***526.25 ***526.25

DOCUMENT #
NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X 4-19-00

Date

561-274-0070

Daytime Phone #