

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A95000002018

1. Entity Name
FLORIDA RESORT MANAGEMENT, LTD.

FILED

01 MAR 30 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**C/O MILLER & WEBNER, P.A.
2442 POINCIANA COURT
WESTON FL 33327**

Mailing Address
**C/O MILLER & WEBNER, P.A.
P.O. BOX 266947
WESTON FL 33326-6947**

2. Principal Place of Business
1677 Collins Avenue
Suite, Apt. #, etc.

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

City & State
Miami Beach, FL.

City & State

4. FEI Number
65-0649560

Applied For
Not Applicable

Zip
33139

Country

Zip
Country

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

6. Name and Address of Current Registered Agent
**MILLER, REBECCA M ESQ.
C/O MILLER & WEBNER, P.A.
2442 POINCIANA COURT
WESTON FL 33327**

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. **\$9,000,000.00**

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 # **P95000096194**
NAME **FLORIDA RESORT, INC.**
STREET ADDRESS **1677 COLLINS AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

Florida Resort, Inc.
SIGNATURE: **SIGNATURE** *[Signature]* **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 20, 2001 954 385-9030

Date Daytime Phone #

CR2E003 (11/00)