

# 2002 UNIFORM BUSINESS REPORT (UBR)

0011359 AT

**DOCUMENT # A95000002018**  
 1. Entity Name  
**FLORIDA RESORT MANAGEMENT, LTD.**

FILED

02 APR 11 PM 12:22

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**1677 COLLINS AVENUE  
 MIAMI FL 33139**

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

2. Principal Place of Business  
 Suite, Apt. #, etc.

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

City & State

City & State

Zip Country Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **65-0649560** Applied For Not Applicable

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 \_\_\_\_\_ 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	
DOCUMENT #	<b>P95000096194</b>
NAME	<b>FLORIDA RESORT, INC.</b>
STREET ADDRESS	<b>1677 COLLINS AVENUE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>600005273116--7</b>
CITY-ST-ZIP	<b>-04/15/02--01091--002</b> <b>*****526.25 *****526.25</b>
STREET ADDRESS	<b>600005273116--7</b>
CITY-ST-ZIP	<b>-04/15/02--01091--001</b> <b>*****8.75 *****8.75</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:** *Hans-Joachim Krause* **Hans-Joachim Krause** 2/11/02 (954) 385-9030  
 President

CR2E003 (9/01)