

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000624**

1. Entity Name

QUAKERBRIDGE GOLDEN LAKES, LTD.

*Golden I*

Principal Place of Business

C/O THE CORNERSTONE GROUP  
2121 PONCE DE LEON BLVD., PENTHOUSE II  
CORAL GABLES FL 33134

Mailing Address

C/O THE CORNERSTONE GROUP  
2121 PONCE DE LEON BLVD., PENTHOUSE II  
CORAL GABLES FL 33134

**FILED**  
01 FEB -9 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0731993**

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

WOLFE, LEON J ESQ.  
C/O BERMAN, WOLFE & RENNERT, P.A.  
100 SOUTHEAST SECOND ST., 35TH FLOOR  
MIAMI FL 33131-2130

Name  
Registered Agents of Florida, LLC  
Street Address (P.O. Box Number is Not Acceptable)  
100 Southeast Second Street  
Suite 3500  
City Miami FL Zip Code 33131-2130

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 records

**\$1,000.00**

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 # **P97000002077**  
NAME **CORNERSTONE GOLDEN, INC.**  
STREET ADDRESS **2121 PONCE DE LEON BLVD., SUITE 650**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

STREET ADDRESS

CITY-ST-ZIP

**4000003718824--6**

DOCUMENT #  
NAME  
STREET ADDRESS  
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**-02/19/01--01121--003**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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CR2E003 (11/00)

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

Date

Daytime Phone #