

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000792

1. Entity Name

CAPITAL RESOURCES SOUTHEAST, LTD.

FILED

02 MAY 16 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

21 E. GARDEN ST.
PENSACOLA FL 32501

Mailing Address

C/O HAL REIFF
30 BROAD STREET, 31ST FLOOR
NEW YORK NY 10004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3376972

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

BREGMAN, HOWARD

C/O GREENBERG TRAUIG, P.A.

777 SOUTH FLAGLER DRIVE, SUITE 300 EAST

WEST PLAM BEACH FL 33401

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.

DATE

9. Capital Contributions

\$946,713.00

as Shown on record

10. Amount of Capital Contributions

\$947,666.00

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 # F00000000411
NAME 4011 OKEECHOBEE BOULEVARD GP INC
STREET ADDRESS 30 BROAD STREET, 31ST FL
CITY-ST-ZIP NEW YORK NY 10004

STREET ADDRESS

CITY-ST-ZIP

FF \$526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)