

# 2000 UNIFORM BUSINESS REPORT (UBR)

ORIGINAL

**DOCUMENT # A96000001444**

1. Entity Name  
**FLAMINGO PALMS LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 18 AM 11:43

*mf*

Principal Place of Business <b>ATTN WORTHING SOUTHEAST 1501 NW 124TH TERRACE SUNRISE FL 33323</b>	Mailing Address <b>% ONE LINCOLN CENTER, SUITE 1200 5400 LBJ FREEWAY DALLAS TX 75240-1000</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <b>300 N. Lake Ave.</b>		4. FEI Number <b>76-0510810</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 620</b>			
City & State		City & State <b>Pasadena, CA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		
		<b>91101</b>			

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable) -			Street Address (P.O. Box Number is Not Acceptable) -		
City			City		
			<b>FL</b>		
			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 \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$617,290.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # <b>F99000001349</b>	NAME <b>GATEWAY GP SAWGRASS MILLS, INC.</b>	STREET ADDRESS <b>300 N. Lake Ave., Suite 620</b>	
STREET ADDRESS <b>5400 LBJ FREEWAY, SUITE 1200</b>	CITY - ST - ZIP <b>DALLAS TX 75240</b>	CITY - ST - ZIP <b>Pasadena, CA 91101</b>	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	<b>900003238819--2</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>05/03/00-01157-015</b>
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	<b>***526.25 ***526.25</b>
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	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: *Margaret Q. Shuler* **MARGARET Q. SHULER** **EDVICE PRESIDENT & SECRETARY** **3/28-00** **626-564-2343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

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