

# 2000 UNIFORM BUSINESS REPORT (UBR)

1

DOCUMENT # A96000002070

1. Entity Name

LOWE OCEAN HAMMOCK, LTD.

FILED

00 JAN 20 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3 WATERSIDE PARKWAY  
PALM COAST FL 32137

Mailing Address

11777 SAN VICENTE BLVD., SUITE 900  
LOS ANGELES CA 90049-5084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3426063

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. Capital Contributions  
as Shown on record.

\$42,252,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$42,252,500.00

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 # P96000092177  
NAME LOWE/OCEAN HAMMOCK, INC.  
STREET ADDRESS 3 WATERSIDE PARKWAY  
CITY-ST-ZIP PALM COAST FL 32137

STREET ADDRESS

CITY-ST-ZIP

100003112001--6

-01/27/00--01004--003

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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: see attached signature sheet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

January 13, 2000 310-571-4229

Date

Daytime Phone #