

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002070

1. Entity Name
LOWE OCEAN HAMMOCK, LTD.

Principal Place of Business
3 WATERSIDE PARKWAY
PALM COAST FL 32137

Mailing Address
11777 SAN VICENTE BLVD., SUITE 900
LOS ANGELES CA 90049

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

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

City & State
City & State

Zip
Country

Zip
Country

192

FILED

01 FEB 27 AM 9:37

SECRETARY OF STATE

TA [Barcode]

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3426063

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____
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 record. \$42,252,500.00

10. Amount of Capital Contributions in FLORIDA to date. \$41,752,500.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000092177 LOWE/OCEAN HAMMOCK, INC. 3 WATERSIDE PARKWAY PALM COAST FL 32137	STREET ADDRESS CITY-ST-ZIP	200 Hammock Dunes Parkway Palm Coast, FL 32135-4489
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	100003795201--6 -03/02/01--01010--023 *****88.75 *****88.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	100003795201--6 -03/02/01--01010--024 *****437.50 *****437.50
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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 page January 26, 2001 310-571-4345

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

0018760 AF

CR2E003 (11/00)


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LOWE OCEAN HAMMOCK, LTD.
State of Florida
2001 Uniform Business Report (UBR)
Signature Page

Lowe Ocean Hammock, Ltd.,
a Florida limited partnership

By: Lowe/Ocean Hammock, Inc.,
a Florida corporation,
General Partner

By:


Leanne Talmage
Secretary