

2001 UNIFORM BUSINESS REPORT (UBR)

0019824 AB

DOCUMENT # A96000002213

1. Entity Name

OMEGA GROUP OF HIGHLAND BEACH LIMITED PARTNERSHI

FILED

01 APR 27 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3700 S. OCEAN BLVD.
HIGHLAND BEACH FL 33487

Mailing Address

544 AIRPORT RD.
WARWICK RI 02886

2. Principal Place of Business

3701 So. Ocean Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Highland Beach, FL

City & State

Zip

33487

Country

Zip

Country

4. FEI Number

58-2275133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., SUITE 105
TALLAHASSEE FL 32301

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.

(NOT: Registered Agent's signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$200.00

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

DOCUMENT # P96000097776
NAME HIGHLAND BEACH CORP.
STREET ADDRESS 544 AIRPORT ROAD
CITY-ST-ZIP WARWICK RI 02886

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200004217582--6

-05/15/01--01089--012

****141.25 ****141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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:

Frank Zannella
REQUIRE

Pres of G.P.

4/21/01

561-278-9933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (11/00)