

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002441

1. Entity Name
SJ/HATM LAUDERDALE, LTD.



FILED.
03 APR 16 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
41 W CHURCH ST #200
ORLANDO FL 32801

Mailing Address
41 WEST CHURCH STREET, SUITE 200
ORLANDO FL 32801



2. Principal Place of Business
100 EAST PINE STREET

3. Mailing Address
100 EAST PINE STREET

Suite, Apt. #, etc.
SUITE 608

Suite, Apt. #, etc.
SUITE 608

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32801

Country
USA

Zip
32801

Country
USA

DUE BY MAY 1, 2003

4. FEI Number 59-3412715

Applied For
Not Applicable

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

GRAY, SHERRY L
41 WEST CHURCH STREET, SUITE 200
ORLANDO FL 32801

Name SHERRY CIOFFI
Street Address (P.O. Box Number is Not Acceptable)
100 EAST PINE STREET
SUITE 608
City ORLANDO FL Zip Code 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sherry Cioffi SHERRY CIOFFI 3/31/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$1,375,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P95000053467
NAME MILLENNIUM BEACHSIDE, INC.
STREET ADDRESS 41 WEST CHURCH STREET, SUITE 200
CITY-ST-ZIP ORLANDO FL 32801

STREET ADDRESS 100 EAST PINE STREET, SUITE 608
CITY-ST-ZIP ORLANDO, FL 32801

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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: MARY I. GIBSON 3/31/03 407-425-6826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

0008266 AT

STAPLE CHECK HERE