

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000063

1. Entity Name

COBB PARTNERS, LIMITED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business

2333 PONCE DE LEON BLVD.  
PENTHOUSE 1100  
CORAL GABLES FL 33134

Mailing Address

2333 PONCE DE LEON BLVD.  
PENTHOUSE 1100  
CORAL GABLES FL 33134-5427

2. Principal Place of Business

Suite, Apt. #, etc.

Ph. 301

City & State

Coral Gables, FL

Zip

33134

Country

3. Mailing Address

Suite, Apt. #, etc.

Ph. 301

City & State

Coral Gables, FL

Zip

33134

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0715596

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WESTON, ANDREW R  
2333 PONCE DE LEON BLVD.  
PENTHOUSE 1100  
CORAL GABLES FL 33134

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.

\$5,776,650.00

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 # S45579  
NAME COBB PARTNERS, INC.  
STREET ADDRESS 2333 PONCE DE LEON BLVD., PH 1100  
CITY - ST - ZIP CORAL GABLES FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)