

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004324 AF

nyf

DOCUMENT # **A97000000063**

1. Entity Name

**COBB PARTNERS, LIMITED**

**FILED**  
**Apr 23, 2001 8:00 A.M.**  
**Secretary of State**

Principal Place of Business

255 ARAGON AVE., PH 1100  
~~PENTHOUSE 1100~~  
CORAL GABLES FL 33134

Mailing Address

255 ARAGON AVE., PH 1100  
~~PENTHOUSE 1100~~  
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**255 Aragon Ave**

3. Mailing Address

**255 Aragon Ave**

Suite, Apt. #, etc.

**Suite 333**

Suite, Apt. #, etc.

**Suite 333**

City & State

**Coral Gables, FL**

City & State

**Coral Gables**

4. FEI Number

**65-0715596**

Applied For

Not Applicable

Zip

**33134**

Country

Zip

**33134**

Country

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)

**255 Aragon Ave, Suite 333**

City

**Coral Gables**

FL

Zip Code

**33134**

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

*Andrew R. Weston*

**ANDREW R. WESTON**

**4/9/01**

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

**255 Aragon Ave, Suite 333**  
**Coral Gables, FL 33134**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800004137368-1**  
**-05/04/01--01105--017**  
**\*\*\*526.25 \*\*\*526.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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:

*Andrew R. Weston*  
**ANDREW R. WESTON**  
**GENERAL PARTNER**

**4/9/01**

Date

**305 441 1700**

Daytime Phone #

CR2E003 (4700)