

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001850 AV

DOCUMENT # A97000000455

1. Entity Name
OAKRIDGE HOTEL I, LTD.



FILED

03 MAY -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
77 NORTH HIBISCUS DRIVE
MIAMI BEACH FL 33139

Mailing Address
77 NORTH HIBISCUS DRIVE
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0731531

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

THOMAS, LOLA
77 NORTH HIBISCUS DRIVE
MIAMI BEACH FL 33139

Name

Lola Thomas

Street Address (P.O. Box Number is Not Acceptable)

15 N Ocean Blvd.

City

Pompano Beach

FL

Zip Code

33062

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 *Lola Thomas*
Signature, typed or printed name of registered agent and title if applicable.

04/24/03
DATE

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

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 # P97000016325
NAME OAKRIDGE HOSPITALITY, INC.
STREET ADDRESS 77 NORTH HIBISCUS DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33139

STREET ADDRESS

CITY-ST-ZIP

100017804191
05/01/03--01022--019 **158.75

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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:

Lola Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/24/03

Date:

954

Daytime Phone #

783-0283

CR2E003 (10/02)