

FILED

03 JUN 23 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A97000000915

1. Entity Name
CITY CENTER OF CHARLOTTE COUNTY, LTD.Principal Place of Business
1600 TAMiami TRAIL, #102
PORT CHARLOTTE, FL 33948Mailing Address
~~3665 MISTLETOE LANE~~
LONGBOAT KEY, FL 34228500021088505
06/23/03--01094--002 **526.25

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DUE BY MAY 15, 2003

4. FEI Number

65-0747297

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRIGGS, DAVID B
3665 MISTLETOE LANE
LONGBOAT KEY, FL 34228

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

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

DATE

9. Capital Contributions

as Shown on record. \$1,800,000.00

10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 # P95000029727
NAME SPHINX INVESTMENTS OF SARASOTA, INC.
STREET ADDRESS ~~3665 MISTLETOE LANE~~
CITY-ST-ZIP LONGBOAT KEY, FL 34228STREET ADDRESS 1561 Harbor Cay Lane
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPSTREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPSTREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPSTREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPSTREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPSTREET 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 #

STAPLE CHECK HERE

CH2E003 (10/02)