

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000001126

1. Entity Name

ACTIVE INVESTORS III, LTD.

Principal Place of Business

865 SW 78TH AVE., SUITE 100  
PLANTATION FL 33324

Mailing Address

8567 CORAL WAY. #138  
MIAMI FL 33155-2335

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0697560

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

SINGER, CARL N

865 SW 78TH AVE., SUITE 100  
PLANTATION FL 33324

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.

\$21,500,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # 637242  
NAME FUNDAMENTAL MANAGEMENT CORPORATION  
STREET ADDRESS 4000 HOLLYWOOD BLVD., SUITE 610N  
CITY-ST-ZIP HOLLYWOOD FL 33021

STREET ADDRESS 8567 Coral Way #138  
CITY-ST-ZIP Miami, FLA 33155

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 800003677738--3  
CITY-ST-ZIP 02/13/01--01107--010  
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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 of General Partner*  
Signature and Typed or Printed Name of Signing General Partner  
Date 2-5-01 (305) 228-3020  
Daytime Phone #

CR2E003 (11/00)