

2001 UNIFORM BUSINESS REPORT (UBR)

0009684 AF

DOCUMENT # **A97000002436**

1. Entity Name

WARM SPRINGS INVESTMENTS, LTD.

FILED
01 MAY -1 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4830 WEST KENNEDY BLVD., SUITE 740
TAMPA FL 33609

Mailing Address

4830 WEST KENNEDY BLVD., SUITE 740
TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4890 W. Kennedy Boulevard

Suite, Apt. #, etc.
Suite #850

City & State
Tampa, Florida

Zip
33609-1863

Country
USA

3. Mailing Address

4890 W. Kennedy Boulevard

Suite, Apt. #, etc.
Suite #850

City & State
Tampa, Florida

Zip
33609-1863

Country
USA

4. FEI Number

59-3477855

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, DALE A

4830 WEST KENNEDY BLVD., SUITE 740

TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

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

4890 W. Kennedy Boulevard

Suite #850

City

Tampa

FL

Zip Code
33609-1863

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.

(NOT) Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$5,276,073.00

10. Amount of Capital Contributions in FLORIDA to date.

5,276,073.

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 # **P95000000503**
 NAME **URBAN PROPERTIES OF CALIFORNIA, INC.**
 STREET ADDRESS **4830 WEST KENNEDY BLVD., SUITE 740**
 CITY-ST-ZIP **TAMPA FL 33609**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4890 W. Kennedy Blvd., #850**
 CITY-ST-ZIP **Tampa, Florida 33609-1863**

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

700004287937--2
-05/22/01--01104--010
******535.00 ****535.00**

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

Samuel K. Ross

4-25-2001

Date

813-286-4140

Daytime Phone #

CR2E003 (11/00)