

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002444

1. Entity Name

Sea Oaks Investment, Ltd.

FILED

01 MAY 29 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1501 Collins Ave
Miami Beach
Florida 33139

2. Principal Place of Business

1501 Collins Ave

3. Mailing Address

1501 Collins Ave

Suite, Apt. #, etc.
3rd. Floor

Suite, Apt. #, etc.
3rd. Floor

City & State

Miami Beach FL.

City & State

Miami Beach FL.

4. FEI Number

65-0826328

Applied For

Not Applicable

Zip
33139

Country

Zip
33139

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

Andrew Kwiat
1501 Collins Ave
Miami Beach
Florida 33139

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.

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: 3,564,000.00

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

DOCUMENT # A97000002443
NAME Sea Oaks Investment GP, LTD.
STREET ADDRESS 1501 Collins Ave.
CITY-ST-ZIP Miami Beach FL. 33139

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-ZIP

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06/13/01 01029-004

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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)(f), 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

04/27/01

Date

(905) 538 0135

Daytime Phone #

CR2E003 (11/00)