

# 2001 UNIFORM BUSINESS REPORT (UBR)

U001199 A1

**DOCUMENT #** **A97000002511**

**1. Entity Name**  
**CEEBRAID-SIGNAL NOB HILL LIMITED PARTNER, LTD.**

**FILED**

**01 AUG 13 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**Principal Place of Business**  
**250 AUSTRALIAN AVENUE SOUTH, SUITE 1003  
WEST PALM BEACH FL 33401**

**Mailing Address**  
**250 AUSTRALIAN AVENUE SOUTH, SUITE 1003  
WEST PALM BEACH FL 33401**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**DUE BY SEPTEMBER 26, 2001**

**4. FEI Number** **65-0796206** ☐ **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CEEBRAID-SIGNAL NHLPGP, INC.  
250 AUSTRALIAN AVENUE SOUTH, SUITE 1003  
WEST PALM BEACH FL 33401**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**10. Amount of Capital Contributions in FLORIDA to date.** **1,000.00**

**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 #	P97000098605	STREET ADDRESS	
NAME	CEEBRAID-SIGNAL NHLPGP, INC.	CITY-ST-ZIP	600004539136--8
STREET ADDRESS	250 AUSTRALIAN AVENUE SOUTH, SUITE 1003		-08/17/01--01004--016
CITY-ST-ZIP	WEST PALM BEACH FL 33401		****541.25 ****541.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:** *Ceebraid-Signal NHLPGP Inc*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (5/01)