

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 NOV -6 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A97000002661

Entity Name

PORT CHARLOTTE ONE STOP PARTNERSHIP, LTD.

Principal Place of Business

21 E. GARDEN ST.
PENSACOLA FL 32501

Mailing Address

C/O HAL REIFF
30 BROAD STREET, 31ST FLOOR
NEW YORK NY 10004

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

59-3485821

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

BREGMAN, HOWARD

C/O GREENBERG/TRAURIG, P.A.

777 SOUTH FLAGLER DRIVE, SUITE 300 EAST
WEST PALM BEACH FL 33401

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.

DATE

9. Capital Contributions
as Shown on record.

\$688,746.00
681,427.00

10. Amount of Capital Contributions
in FLORIDA to date.

681,427.00

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 # F00000000420
NAME 19500 TOLEDO BLADE BOUVELARD GP INC
STREET ADDRESS 30 BROAD STREET, 31ST FL
CITY-ST-ZIP NEW YORK NY

STREET ADDRESS

CITY-ST-ZIP

800005205328 \$52025

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

04-18-02 01029 023

DOCUMENT #
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Hal Reiff 1/2/02 212 612 9102