

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003730 AF

DOCUMENT # **A97000002697**

1. Entity Name

**CONSOLIDATED AMALGAMATED PARTNERSHIP, LTD.**

**FILE**  
01 MAY - T P 210602-1

SECRETARY OF STATE  
TALLAHASSEE, FL



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1500 SAN REMO AVENUE, SUITE 135, CORAL GABLES FL 33146  
Mailing Address: 701 BRICKELL AVENUE, SUITE 3000, MIAMI FL 33131

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0805591** 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

**INTRASTATE REGISTERED AGENT CORPORATION,  
701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131**

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. **\$13,000,000.00** 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 this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000099458**  
NAME **COUNTRY CLUB PLAZA INVESTORS CORP.**  
STREET ADDRESS **701 BRICKELL AVE, SUITE 3000**  
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**400004288124--9**  
**-05/22/01--01113--025**  
**\*\*\*1052.50 \*\*\*526.25**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (11/00)