

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002720

1. Entity Name

GRODIN I LIMITED PARTNERSHIP

Principal Place of Business

9420 SEA TURTLE LANE
PLANTATION FL 33324

Mailing Address

9420 SEA TURTLE LANE
PLANTATION FL 33324-2926

2. Principal Place of Business

3325 Bridle Path Lane
Suite, Apt. #, etc.

3. Mailing Address

3325 Bridle Path Lane
Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

Zip

Country

33331

Zip

Country

33331

4. FEI Number

65-0800280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRODIN, RICHARD W
9420 SEA TURTLE LANE
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

3325 Bridle Path Lane

City

Weston

FL

Zip Code

33331

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.

\$1,980,000.00

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 #
NAME GRODIN, RICHARD W
STREET ADDRESS 9420 SEA TURTLE LANE
CITY - ST - ZIP PLANTATION FL 33324

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CITY - ST - ZIP

\$526.25

13. ADDRESS CHANGES ONLY

STREET ADDRESS 3325 Bridle Path Lane
CITY - ST - ZIP Weston, FL 33331

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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03/28/00 01074-004
****526.25 ****526.25

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 17 PM 6:04

CR2E003 (9/99)