

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006629 AF

DOCUMENT # **A98000000245**

1. Entity Name

**THIRD AND NINTH, LTD.**

FILED

Principal Place of Business

**888 S.E. 3RD AVENUE, SUITE 201  
FORT LAUDERDALE FL 33316**

Mailing Address

**888 S.E. 3RD AVENUE, SUITE 201  
FORT LAUDERDALE FL 33316**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

**900 SE 3rd Ave**

Suite, Apt. #, etc.

**# 200**

3. Mailing Address

**900 SE 3rd Ave**

Suite, Apt. #, etc.

**# 200**

DO NOT WRITE IN THIS SPACE

City & State

**Fort Lauderdale, FL**

City & State

**Fort Lauderdale, FL**

Zip

**33316**

Country

**USA**

Zip

**33316**

Country

**USA**

4. FEI Number

**65-0878453**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HERMAN, PETER G**

**888 SE 3RD AVENUE, SUITE 201**

**FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name

**Peter G Herman**

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

**900 SE 3rd Ave # 200**

City

**Fort Lauderdale**

**FL**

Zip Code

**33316**

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 **Peter G. Herman MGR:**

**April 17, 2001**

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.

**\$5,914,650.00**

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 # **L98000000091**  
NAME **THIRD AND NINTH GENERAL PARTNER, L.C.**  
STREET ADDRESS **888 S.E. 3RD AVENUE, SUITE 201**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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**-05/08/01--01078--032**  
**\*\*\*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

**4/17/01**

Date

Daytime Phone #

CR2E003 (11/00)