

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000273**

1. Entity Name

**SC ENCLAVE MIRAMAR, LTD.**

**FILED**

01 MAY -7 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2001 RENAISSANCE PARKWAY  
MIRAMAR FL**

**C/O GE CAPITAL INVESTMENT ADVISORS, INC.  
125 SUMMER STREET, SUITE 1270  
BOSTON MA 02110**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**980 Ninth Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 750**

City & State

City & State

**Sacramento, CA**

4. FEI Number

**65-0829867**

Applied For

Not Applicable

Zip

Country

Zip

**95814**

Country

**USA**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 **N.A.**

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.

**\$26,668,756.08**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$26,668,756.08**

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 # **M00000001407**  
NAME **SC MIRAMAR GP, LLC**  
STREET ADDRESS **125 SUMMER STREET, SUITE 1270**  
CITY-ST-ZIP **BOSTON MA 02110**

STREET ADDRESS **980 Ninth Street, Suite 750**  
CITY-ST-ZIP **Sacramento, CA 95814**

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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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

**SC MIRAMAR GP, LLC**

SIGNATURE:

**Steven A. Grimshaw, Treasurer**

**03/08/01**

**916-874-9119**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #