

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013768 AF

**DOCUMENT # A98000000295**

1. Entity Name

2901 SOUTH OCEAN BOULEVARD LTD.

**FILED**

01 APR 23 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2901 S. OCEAN BLVD., #404 HIGHLAND BEACH FL 33487	Mailing Address C/O I & S MANAGEMENT 2880 W. OAKLAND PARK BLVD., STE. 118 FT. LAUDERDALE FL 33311
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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 **65-0920311**      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

**SCHMOCKER, SUSANNA**  
C/O I&S MANAGEMENT, INC.  
W. OAKLAND PARK BLVD., #118  
FT. LAUDERDALE FL 33311

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 *Susanna Schmocker*      *SUSANNA SCHMOCKER*      *4/18/01*  
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.      **\$7,500.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **S96985**  
NAME **DIXIE INVESTMENT MANAGEMENT, INC.**  
STREET ADDRESS **2800 W OAKLAND PK BLVD, STE 118/1 & S MANA**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

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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: *Susanna Schmocker*      **SIGNATURE REQUIRED**      *4/18/01*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)