LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 14 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000754

1. Entity Name

THE FOUNTAINS OF FONTAINBLEAU, LTD

DO NOT WRITE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9330 Fontainebleau Blvd.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

Miami, Florida

21755

Applied For

Not Applicable

Zip 33172 | Country USA | Zip 3312[illegible]

...e of Status Desired ☐ **$8.75** Additional Fee Required

...e and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

...ren, Juan T.

(P.O. Box Number is Not Acceptable)

...5 South Bayshore Drive

...00 Grand Bay Plaza

Miami FL Zip Code 33133

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	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 #	P98000027329
NAME	Cantel Apartment Venture I, Inc.
STREET ADDRESS	782 N.W. 42nd Avenue - #555
CITY-ST-ZIP	MIami, Florida 33126
DOCUMENT #	P98000027325
NAME	Don Venture III, Inc.
STREET ADDRESS	2665 S. Bayshore Dr. #1100
CITY-ST-ZIP	Miami, Florida 33133
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	300005824423--4
STREET ADDRESS	06/13/02--01004--001 ****526.25 ****526.25
CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS	IN THIS SPACE
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003B (12/01)

STAPLE CHECK HERE

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: _____ 6/11/02 (305) 445-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #