

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000861

1. Entity Name

SABANA REAL ESTATE HOLDINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

Principal Place of Business

3 GROVE ISLE DRIVE, #508
MIAMI FL 33133

Mailing Address

3 GROVE ISLE DRIVE, #508
MIAMI FL 33145-3438



2. Principal Place of Business

1613 S.E. BALLANTRAE BLVD. N.
Suite, Apt. #, etc.

3. Mailing Address

1613 S.E. BALLANTRAE BLVD. N.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PORT SAINT LUCIE, FL

Zip 34952 Country USA

City & State
PORT SAINT LUCIE, FL

Zip 34952 Country USA

4. FEI Number

65-0980266

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLGUIN, JUAN M

3 GROVE ISLE DRIVE, #508

MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

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

1613 BALLANTRAE BLVD N.

City PORT SAINT LUCIE

FL

Zip Code 34952

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.

\$1,300,000.00

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 # P98000025336
NAME SABANA REAL ESTATE, IN C.
STREET ADDRESS 3 GROVE ISLE DRIVE, #508
CITY-ST-ZIP MIAMI FL 33133

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1613 S.E. BALLANTRAE BLVD N.

CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/16/00 (561) 337-1027
Date Daytime Phone #

CR21 003 (9/99)