

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000900

1. Entity Name

BAHIA SUN ASSOCIATES LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -9 PM 1:33

Principal Place of Business

C/O ROSEN DEVELOPMENT GROUP, INC.  
550 MAMARONECK AVENUE  
HARRISON NY 10528

Mailing Address

C/O ROSEN DEVELOPMENT GROUP, INC.  
550 MAMARONECK AVENUE  
HARRISON NY 10528-1034



2. Principal Place of Business

3. Mailing Address

2250 Avenida Del Vera

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. Ft. Myers, FL

Zip

Country

Zip

Country

33917

4. FEI Number

58-2386109 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALLAHAN, W. SCOTT ESQUIRE  
STUMP STOREY & CALLAHAN, P.A.  
28 EAST WASHINGTON STREET  
ORLANDO FL 32801

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

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.

\$1,560,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000032322  
NAME BAHIA SUN REALTY CORP.  
STREET ADDRESS 550 MAMARONECK AVENUE  
CITY - ST - ZIP HARRISON NY 10528

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

Michael E. Rosen

4/21/00

914-770-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)