

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A98000001276**

1. Entity Name

**GABLES ON THE GREEN LIMITED GROUP**

**FILED**

**02 MAY -6 PM 3:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business

**550 BILTMORE WAY  
SUITE 1210  
CORAL GABLES FL 33134**

Mailing Address

**550 BILTMORE WAY  
SUITE 1210  
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

**65-0843157**

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

**MARTIN, PEDRO A ESQ.  
C/O GREENBERG, TRAUIG, ET AL  
1221 BRICKELL AVENUE  
MIAMI FL 33131**

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.

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.

**\$3,300,000.00**

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

13. ADDRESS CHANGES ONLY

| 12. GENERAL PARTNER INFORMATION |   | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|---|--------------------------|--|
| DOCUMENT #                      | <b>P96000079760</b>                       | STREET ADDRESS           |  |
| NAME                            | <b>GABLES ON THE GREEN HOLDINGS, INC.</b> | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | <b>626 CORAL WAY, SUITE 16</b>            |                          |  |
| CITY-ST-ZIP                     | <b>CORAL GABLES FL 33134</b>              |                          |  |
| DOCUMENT #                      |   | STREET ADDRESS           |  |
| NAME                            |   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |   |                          |  |
| CITY-ST-ZIP                     |   |                          |  |
| DOCUMENT #                      |   | STREET ADDRESS           |  |
| NAME                            |   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |   |                          |  |
| CITY-ST-ZIP                     |   |                          |  |
| DOCUMENT #                      |   | STREET ADDRESS           |  |
| NAME                            |   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |   |                          |  |
| CITY-ST-ZIP                     |   |                          |  |
| DOCUMENT #                      |   | STREET ADDRESS           |  |
| NAME                            |   | 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

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Oscar A. Roger**

**4/30/02**

**(305) 448-4091**

Date Daytime Phone #

CR2E003 (9/01)