

2002 UNIFORM BUSINESS REPORT (UBR)

0012065 AT

DOCUMENT # A98000001574

1. Entity Name

SANTA MONICA, LTD.

FILED

02 APR -1 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

20843 VIA MADEIRA DRIVE
BOCA RATON FL 33433

20843 VIA MADEIRA DRIVE
BOCA RATON FL 33433

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

65-0855588

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

DANIELS, STEVEN L ESQ.
C/O ARNSTEIN & LEHR
433 PLAZA REAL, SUITE 275
BOCA RATON FL 33432

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.

\$625,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$625,000.00

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 # P97000098113
NAME RAMSES CASTLE CORP.
STREET ADDRESS 20843 VIA MADEIRA DRIVE
CITY-ST-ZIP BOCA RATON FL 33433

STREET ADDRESS

CITY-ST-ZIP

200005195072--1

04/05/02-01029-006

****526.25 ****526.25

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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:

S. G. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-22-2

Date

Daytime Phone #

CR2E003 (9/01)

PLEASE CHECK HERE