

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001627

1. Entity Name

QUAYSIDE PLACE PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 3:00



Principal Place of Business

1815 GRIFFIN ROAD, SUITE 202
FT. LAUDERDALE FL 33004

Mailing Address

1815 GRIFFIN ROAD, SUITE 202
FT. LAUDERDALE FL 33004-2252

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0849503
65-0049503

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

QUAYSIDE PLACE, INC.

2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2A

MIAMI FL 33133

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.

\$4,950,000.00

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 # P98000059140
NAME QUAYSIDE PLACE, INC.
STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2A
CITY - ST - ZIP MIAMI FL 33133

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # P98000038978
NAME LNR QUAYSIDE PLACE HOLDINGS, INC.
STREET ADDRESS 101 MARITTA STREET, SUITE 3650
CITY - ST - ZIP ATLANTA GA 30303

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Ezra Katz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/20/00

(305) 854-5000

Date

Daytime Phone #

CR2E003 (9/99)