2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAR 13 PM 4:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

3/13

MJH

DOCUMENT # A98000001627

1. Entity Name
QUAYSIDE PLACE PARTNERS, LLLP

Principal Place of Business	Mailing Address
~~101 MARIETTA ST. NW~~	101 MARIETTA ST. NW
~~SUITE 3600~~	SUITE 3600
~~ATLANTA, GA 30303~~	ATLANTA, GA 30303

2. Principal Place of Business	3. Mailing Address
1601 Washington Ave.	
Suite, Apt. #, etc.: 8th Floor	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State
Zip: 33139 / Country:	Zip / Country

DUE BY MAY 1, 2003

4. FEI Number **65-0849503** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LNR QUAYSIDE PLACE HOLDINGS, INC.
1601 WASHINGTON AVE., 8TH FL
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable.

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 FL 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 #	P98000038978	STREET ADDRESS	
NAME	LNR QUAYSIDE PLACE HOLDINGS, INC.		
STREET ADDRESS	101 MARITTA STREET, SUITE 3650		
CITY-ST-ZIP	ATLANTA, GA 30303	CITY-ST-ZIP	900014062239 03/13/03--01044--014 **526.25
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CR2E003 (10/02)

STAPLE CHECK HERE

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] 3/13/03 404 817.3966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #