

2000 UNIFORM BUSINESS REPORT (UBR)

0011000

DOCUMENT # **A98000002644**

1. Entity Name
CRP ONE LTD. PARTNERSHIP

FILED

00 FEB 17 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**% DAVID GRAUL, FIRST NAT'L BANK OF S MIAMI
5750 SUNSET DR.
MIAMI FL 33143**

Mailing Address
**% DAVID GRAUL, FIRST NAT'L BANK OF S MIAMI
5750 SUNSET DR.
MIAMI FL 33143-5332**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number
65-0883683 **APPLIED FOR**

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

**FIRST NATIONAL BANK OF SOUTH MIAMI
5750 SUNSET DRIVE
MIAMI FL 33143**

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 **David M. Graul**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Register the signature of the registered agent in the state of Florida) DATE **2-9-00**

9. Capital Contributions as Shown on record. **\$4,000,000.00**

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 #	P98000060339	STREET ADDRESS	
NAME	CRP CORPORATION	CITY - ST - ZIP	
STREET ADDRESS	260 HARBOR DRIVE	STREET ADDRESS	700003156377--1
CITY - ST - ZIP	KEY BISCAIYNE FL 33149	CITY - ST - ZIP	-03/03/00--01057--020
DOCUMENT #		STREET ADDRESS	***526.25 ***526.25
NAME		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: **David M. Graul**
Signature, typed or printed name of signing general partner (NOTE: Register the signature of the general partner in the state of Florida) DATE **2-9-00** 305-662-5458
SIGNED: **Vice President and Senior Trust Officer**

CR2E003 (9/99)