

2001 UNIFORM BUSINESS REPORT (UBR)

0004767 AF

DOCUMENT # **A98000002644**

1. Entity Name

CRP ONE LTD. PARTNERSHIP

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

FILED
01 FEB 15 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0883683

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

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 agent, or both, in the State of Florida.

SIGNATURE

[Signature]

David M. Graul
Vice President and
Senior Trust Officer

2-8-01

DATE

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**
NAME **CRP CORPORATION**
STREET ADDRESS **260 HARBOR DRIVE**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

STREET ADDRESS
CITY-ST-ZIP **400003744814--S**
-02/21/01--01032--008
******526.25 ****526.25**

DOCUMENT #
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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:

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

DAVID GRAUL
PARTNER

Date

305-662-6458

CR2E003 (11/00)