

2002 UNIFORM BUSINESS REPORT (UBR)

0009394 AT

DOCUMENT # A98000002644

FILED

02 FEB 21 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BJH



1. Entity Name

CRP ONE LTD. PARTNERSHIP

Principal Place of Business

Mailing Address

~~KEY BISCAYNE~~ FIRST NAT'L BANK OF S MIAMI
5750 SUNSET DR.
MIAMI FL 33143

~~KEY BISCAYNE~~ FIRST NAT'L BANK OF S MIAMI
5750 SUNSET DR.
MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0883683

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

Neil R. Chrystal, Esq.

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

c/o Dunwoody White & Landon, P.A.

550 Biltmore Way, Suite 810

City

Coral Gables

FL

Zip Code

33134

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.

Change filed with Div. of Corporations

1/7/02

SIGNATURE

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

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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	400005044264--5
	-03/05/02--01062--012
STREET ADDRESS	****526.25 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SKINATI... C. Roff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/02/02

Date

Daytime Phone #

**c/o attorney
(305) 529-1500**

CR2E003 (9/01)

STAPLE CHECK HERE