

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002691**

1. Entity Name  
**SORKIN EDGEWATER, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

100 MAY 24 PM 1:33

Principal Place of Business  
4721 UNIVERSITY DR  
CORAL GABLES FL 33146

Mailing Address  
4721 UNIVERSITY DR  
CORAL GABLES FL 33146-1150



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

3. Mailing Address  
40 R-S MGMT  
Suite, Apt. #, etc.  
5821 Reddman Rd

DO NOT WRITE IN THIS SPACE  
65-0889792

City & State  
Charlotte NC

4. FEI Number  
**APPLIED FOR**

Applied For  
Not Applicable

Zip Country  
28212 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DANIELS, NICHOLAS M ESQ.**  
**C/O THERREL BAISDEN, P.A.**  
**ONE S.E. 3RD AVE., SUITE 2400**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
Name  
**LAWRENCE R. SORKIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**7460 SW 48th ST**  
City  
**MIAMI** FL Zip Code  
**33155**

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 **LAWRENCE SORKIN VP** DATE **4/12/00**

(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$3,960,000.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P98000099380</b> <b>E.W. GROUP, INC.</b> <b>4721 UNIVERSITY DRIVE</b> <b>CORAL GABLES FL 33146</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<b>200003297502-9</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	<b>-06/20/00--01065--020</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<b>****526.25 ****526.25</b>
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DOCUMENT # NAME 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: **LAWRENCE R. SORKIN** DATE **4/12/00** Daytime Phone # **704-532-0750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1666 : 001100