

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002691

1. Entity Name
SORKIN EDGEWATER, LTD.



FILED

03 APR 30 PM 12:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 4721 UNIVERSITY DR CORAL GABLES FL 33146	Mailing Address C/O R & S MGMT 5821 REDDMAN RD CHARLOTTE NC 28212
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0889792** Applied For
Not Applicable

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

DUE BY MAY 1, 2003



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SORKIN, LAWRENCE R
7460 SW 48TH ST.
MIAMI FL 33155**

Name
Street Address (P.O. Box Number is Not Acceptable)
4721 University Drive
City **FL** Zip Code
Coral Gables **33146**

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 **4/21/03**

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 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 #	P98000099380
NAME	E.W. GROUP, INC.
STREET ADDRESS	4721 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL GABLES FL 33146

STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	200017351072
CITY-ST-ZIP	04/30/03--01019--006 **526.25

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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4/23/03** Daytime Phone #: **704/532-0750**

0019304 MB

CR2E003 (10/02)

STAPLE CHECK HERE