

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

MLJH

Principal Place of Business
4721 UNIVERSITY DR
CORAL GABLES FL 33146

Mailing Address
C/O R & S MGMT
5821 REDDMAN RD
CHARLOTTE NC 28212



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4/30
DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0889792

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

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

Name

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

4721 University Drive

City

Coral Gables

FL

Zip Code

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

Signature (typed or printed name of registered agent and title if applicable)

4/21/03

DATE

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

DOCUMENT #
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/03

Date

704/532-0750

Daytime Phone #

CR2E003 (10/02)

0019304 MB