

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002888

1. Entity Name

COLONIAL RIDGE DEVELOPERS, LTD.

Principal Place of Business

3400 N.E. 34TH STREET, SUITE 101
FT. LAUDERDALE FL 33308

Mailing Address

3400 N.E. 34TH STREET, SUITE 101
FT. LAUDERDALE FL 33308-6908

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

APPLIED FOR

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

MATTHEW MARK

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

8701 COLLINS AVE

City

Miami Beach

FL

Zip Code

33154

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

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 # GP9800001128
NAME SEARIDGE
STREET ADDRESS 3400 N.E. 34TH STREET, SUITE 101
CITY - ST - ZIP FT. LAUDERDALE FL 33308

Delete

STREET ADDRESS

CITY - ST - ZIP

000003324290--0
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DOCUMENT # NEOMI DEZERT200
NAME
STREET ADDRESS 89 FIFTH AVE
CITY - ST - ZIP NEW YORK NY 10003

STREET ADDRESS

CITY - ST - ZIP

***578.75 ***526.25

FF \$526.25

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

00 JUL 17 PM 1:45

SECRETARY OF STATE
FLORIDA



DO NOT WRITE IN THIS SPACE

65-0892312

CR 1E003 (5/97)