

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002890

1. Entity Name

Laramie Florida Shores, Ltd.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 29 AM 9:13

Principal Place of Business

Mailing Address

500 N. BROADWAY
SUITE 239
JERICHO, NY 11753

2. Principal Place of Business

500 N. BROADWAY

3. Mailing Address

500 N. BROADWAY

Suite, Apt. #, etc.

SUITE 239

Suite, Apt. #, etc.

SUITE 239

City & State

JERICHO

City & State

NEW YORK

4. FEI Number

H-3467727

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

11753

Country

USA

Zip

11753

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CB RICHARD ELLIS, INC.
201 S. ORANGE AVENUE
SUITE 1500
ORLANDO, FL 32801
ATTN: MIKE PARACOSMAS

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

ON BEHALF OF OWNER CB RICHARD ELLIS, INC.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/01

9. Capital Contributions

as Shown on record.

950,000.00

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

DOCUMENT # F9800000 IDG9
NAME Laramie Edgewater, Inc.
STREET ADDRESS 500 N. Broadway, Jericho Atm
CITY-ST-ZIP Jericho, NY 11753

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 500003708665--4
CITY-ST-ZIP -02/19/01-01009-006
****526.25 ****526.25

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:  Mark Silverman 9/18/00 (516) 433-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)