

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0018546
AB

DOCUMENT # **A98000002890**

1. Entity Name
LARAMIE FLORIDA SHORES LIMITED PARTNERSHIP

02 MAY 22 PM 12:13-
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**500 N. BROADWAY, SUITE 239
JERICHO NY 11753**

Mailing Address
**500 N. BROADWAY, SUITE 239
JERICHO NY 11753**



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

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

4. FEI Number **11-3467727** 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

**CB RICHARD ELLIS, INC.
201 S. ORANGE AVE., SUITE 1500
ATTN: MIKE PAPACOSMAS
ORLANDO FL 32801**

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.

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

9. Capital Contributions as Shown on record. **\$950,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **950,000**

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	F98000007069 LARAMIE EDGEWATER, INC. 500 NORTH BROADWAY, JERICHO ATRIUM JERICHO NY 11753	STREET ADDRESS CITY-ST-ZIP	700005694897--2 -05/05/02-01070-002 *****926.25 *****926.25
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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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **5/8/02 516-433-5900**
Date Daytime Phone #

CR2E003 (9/01)