

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018834 MB

DOCUMENT # A98000002890

1. Entity Name
LARAMIE FLORIDA SHORES LIMITED PARTNERSHIP



FILED

03 MAR 18 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--|--|
| Principal Place of Business 500 N. BROADWAY, SUITE 239 JERICO NY 11753 | Mailing Address 500 N. BROADWAY, SUITE 239 JERICO NY 11753 |
|--|--|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

DUE BY MAY 1, 2003

| | |
|---------------------------------|----------------|
| 4. FEI Number 11-3467727 | Applied For |
| | Not Applicable |

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 AVE., SUITE 1500
ATTN: MIKE PAPACOSMAS
ORLANDO FL 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X _____ 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 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 | |
|---------------------------------|--|
| DOCUMENT # | F98000007069 |
| NAME | LARAMIE EDGEWATER, INC. |
| STREET ADDRESS | 500 NORTH BROADWAY, JERICO ATRIUM |
| CITY-ST-ZIP | JERICO NY 11753 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--------------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 700014313067 |
| CITY-ST-ZIP | 03/18/03--01028--006 **526.25 |
| STREET ADDRESS | |
| 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 X MARIA STEVERNA, President 3/10/03 (516) 433-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)