

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002915

1. Entity Name

OSPREY COVE HOBE SOUND LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -9 PM 1:33

Principal Place of Business

209 PHIPPS PLAZA
PALM BEACH FL 33480

Mailing Address

209 PHIPPS PLAZA
PALM BEACH FL 33480-4241



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0900427

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

KOSOY, A. DAVID
209 PHIPPS PLAZA
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Brian D. Kosoy

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

209 Phipps Plaza

City

Palm Beach

FL

Zip Code

33480

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

Brian D. Kosoy

4-20-00

DATE

9. Capital Contributions
as Shown on record.

\$6,000.00

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 # P98000107389
NAME OSPREY COVE FLORIDA, INC.
STREET ADDRESS 222 LAKEVIEW AVE., SUITE 800
CITY - ST - ZIP WEST PALM BEACH FL 33401

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

100003290011--9

-06/14/00--01116--016

****150.00 ****150.00

DOCUMENT #

NAME

STREET ADDRESS

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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

OSPREY COVE FLORIDA, INC.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

By: Geri Marchessault, President

4-20-00 561-835-1810

Date

Daytime Phone #