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FILED

03 MAY -1 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # A99000000208**1. Entity Name
FONDO NUEVO, LTD.Principal Place of Business
**ONE NORTH CLEMATIS STREET, 2ND FLOOR
WEST PALM BEACH, FL 33401**Mailing Address
**P.O. BOX 3435
WEST PALM BEACH, FL 33402**

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

65-0899987

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

**KLOCK, JOSEPH P JR.
200 SOUTH BISCAYNE BLVD., SUITE 4000
MIAMI, FL 33131**

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

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

DATE

9. Capital Contributions

as Shown on record. **\$5,002,500.00**

10. Amount of Capital Contributions

in FLORIDA to date.

**MAKE CHECK PAYABLE TO THE 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 # **P99000010574**
NAME **FONDO NUEVO MANAGEMENT, INC.**
STREET ADDRESS **ONE NORTH CLEMATIS STREET, 2ND FLOOR**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

STREET ADDRESS

CITY-ST-ZIP

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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.

Fondo Nuevo Management, Inc., GP

SIGNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04.29.03

Date

305.577.2877

Domestic Phone #

CR2E003 (10/02)

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