2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900000347 1. Entity Name					SE	FH.ED CRETARY OF STATE ION OF CORPORATIONS	W	
LARA DESIGN ROW III, LTD.							· '}	
Principal Place of Business 2900 UNIVERSITY DRIVE CORAL SPRINGS FL 33065 Mailing Address 2900 UNIVERSITY DRIVE CORAL SPRINGS FL 33065-						PR 28 AM 3: 05	1411 11111 11111 11111 1 11 11 1 11 11	
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number Applied For Not Applicable				
Žip	Country	Zip	Country		5. Certificate of	of Status Desired 🚺	\$8.75 Additional	
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New Registered A	gent	
				Name				
INTRA REALTY, INC. 2900 UNIVERSITY DRIVE CORAL SPRINGS FL 33065				Street Address (P.O. Box Number is Not Acceptable)				
CONAL OFNINGS FE 33003				City	FL Zip Code			
8. The above	named entity submits this statement f	or the purpose of changing	g its register	ed office or regist	ered agent, or both	, in the State of Florida.	1	
SIGNATURE .	Signature, typed or printed name of registered agen	it and title if applicable. ((NOTE: Registere	ed Agent signature requir	red when reinstating)	DATE		
9. Capital Contributions as Shown on record. \$7,500.00 10. Amount of Capital Contributions in FLORIDA to date.				\$7,5	7,500.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS	ENTITY M	IUST BE REGIS	STERED AND A	CTIVE WITH THIS OFFICE	Iner	
12.	GENERAL PARTNE		13.		and most be mot	ADDRESS CHANGES ONL		
DOCUMENT# NAME	636619 Intra realty, Inc.			EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	2900 UNIVERSITY DRIVE CORAL SPRINGS FL 33065		cm	Y-ST-ZIP	0000032893000 -06/14/0001088008			
DOCUMENT# NAME			STR	MEET ADDRESS	· · · · · · · · · · · · · · · · · · ·	****150,00	****150.00	
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP				
DOCUMENT# NAME			STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP				
DOCUMENT# NAME			STR	NEET ADDRESS	<u> </u>		. , u	
STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZIP				
Document # Name			STE	REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP				
DOCUMENT# NAME			STR	REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP				
14. I hereby of indicated the receiv	certify that the information supplied wi on this report is true and accurate an ver or trustee empowered to a supplied	th this filing does not qualif d that my signature shall h as report as required by C	fy for the exe ave the sam hapter 620,	emption stated in a le legal effect as it Florida Statutes	Section 119.07(3)(i f made under oath;), Horida Statutes. I further cer that I am a General Partner of	tiry that the information the limited partnership or	

E AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Intra Realty, Inc. Date