

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000512**

1. Entity Name

LLC OAK HILLS ASSOCIATES LIMITED PARTNERSHIP

FILED

02 FEB 27 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**2500 MILITARY TRAIL NORTH STE 200
BOCA RATON FL 33431**

Mailing Address

**2500 MILITARY TRAIL NORTH STE 200
BOCA RATON FL 33431**

2. Principal Place of Business

**7900 GLADES RD, SUITE 610
BOCA RATON, FL**

3. Mailing Address

**7900 GLADES ROAD
SUITE 610
BOCA RATON FL**

DUE BY MAY 1, 2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BOCA RATON, FL

City & State

BOCA RATON FL

4. FEI Number

65-0938606

Applied For

Not Applicable

Zip

Country

33434 USA

Zip

Country

33434 USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HCRM CORP.
2200 CORPORATE BLVD., NW STE 401
BOCA RATON FL 33431**

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$2,000,000.00

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 # **A99000000511**
NAME **LLC OAK HILLS I LIMITED PARTNERSHIP**
STREET ADDRESS **489 FIFTH AVENUE, 28TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10017**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**000005042030--6
-03/04/02--01121--001
***526.25 ***526.25**

DOCUMENT #

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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

SIGNATURE:

JOHN KUSHNY V.P. Strategic Capital 2-26-02 861-558-065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)