

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **AA90000000683**

1. Entity Name

OFFLEX ONE LIMITED PARTNERSHIP

FILED

02 JUN 17 PM 4:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8934 SW 129th Terrace

3. Mailing Address

PO BOX 560386

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Miami Florida

City & State

Miami, Florida

4. FEI Number

65-0910739

Applied For

Not Applicable

Zip

Country

33176

USA

Zip

Country

33256-0386

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jim Eagleton

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

8934 SW 129th Terrace

City

Miami

FL

Zip Code
33176

**DO NOT WRITE
IN THIS SPACE**

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.

5-20-02
DATE

9. Capital Contributions
as Shown on record.

1,939,000.00

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 #
NAME OFFLEX Management Joint Venture
STREET ADDRESS 8934 SW 129 Terrace
CITY-ST-ZIP Miami, Florida 33176

STREET ADDRESS

8934 SW 129 5-06/20/02--01068--014

CITY-ST-ZIP

Miami, Florida 33176

DOCUMENT #
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CITY-ST-ZIP

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IN THIS SPACE**

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.

CR2E003B (12/01)

SIGNATURE:

5-20-02 305 476-1944