

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A99-981**

1. Entity Name
11301 U.S. Highway One, Ltd.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 16 AM 10:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4500 PGA Blvd., Suite 303A 4500 PGA Blvd., #303A
Palm Beach Gardens, FL 33418 Palm Beach Gardens, FL 33418

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 65-0930812 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

Stephanos, Diane L.
4500 PGA Blvd., Suite 303A
Palm Beach Gardens, FL 33418

Name
Street Address (P.O. Box Number is Not Acceptable)
300003370293-4
-08/23/00--01110--001
City ****526.25 FL Zip Code ****526.25

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$3,465,000 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L99000004530	STREET ADDRESS	
NAME	Federal Highway Properties, LLC	CITY-ST-ZIP	
STREET ADDRESS	4500 PGA Blvd., Suite 303A		
CITY-ST-ZIP	Palm Beach Gardens, FL 33418		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
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: Diane L. Stephanos RA 810-00 561/691-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
 Diane L. Stephanos as registered agent

CR2E003 (9/99)