2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000001273

1. Entity Name

CORAL CLUB APARTMENTS, LTD.

FILED
01 APR 25 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7900 GLADES ROAD. SUITE 420 BOCA RATON FL 33434	7900 GLADES ROAD. SUITE 420 BOCA RATON FL 33434

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0937512 — 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
SAUER, SHERI C/O TOPPEL PARTNERS 7900 GLADES ROAD, SUITE 420 BOCA RATON FL 33434	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. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 5,000.00

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 #	P99000066743	STREET ADDRESS	
NAME	CORAL CLUB APARTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	7900 GLADES ROAD, SUITE 420		
CITY-ST-ZIP	BOCA RATON FL 33434		
DOCUMENT #		STREET ADDRESS	500004191635--9
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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: SIGNATURE REQUIRED 4/20/01 5614514696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (11/00)