

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000001391

1. Entity Name

S.T. FOX LIMITED LLP

FILED

Principal Place of Business

229 OCEAN BOULEVARD
GOLDEN BEACH FL 33160

Mailing Address

229 OCEAN BOULEVARD
GOLDEN BEACH FL 33160

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0990833

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FOX, ROBERT
229 OCEAN BOULEVARD
GOLDEN BEACH FL 33160

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]* **DATE** 4/17/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$500,000.00

10. Amount of Capital Contributions in FLORIDA to date. 500,000.00

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

| | |
|----------------|-----------------------|
| DOCUMENT # | FOX, ROBERT |
| NAME | 229 OCEAN BOULEVARD |
| STREET ADDRESS | GOLDEN BEACH FL 33160 |
| CITY-ST-ZIP | |
| DOCUMENT # | FOX, HELENE |
| NAME | 229 OCEAN BOULEVARD |
| STREET ADDRESS | GOLDEN BEACH FL 33160 |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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13. ADDRESS CHANGES ONLY

| | |
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| STREET ADDRESS | |
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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]* **DATE** 4/18/01 **Daytime Phone #** 305-931-2027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)