

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 08:00 AM****Secretary of State****DOCUMENT # A99000001459**1. Entity Name
BOCA HARBOUR, SELECT HOMES DEVELOPMENT, L.P.Principal Place of Business
400 S. DIXIE HWY STE., #121
BOCA RATON FL 33432
Mailing Address
400 S. DIXIE HWY STE., #121
BOCA RATON FL 334322. Principal Place of Business
400 S. DIXIE HWY
Suite, Apt. #, etc.
SUITE # 1213. Mailing Address
400 S. DIXIE HWY
Suite, Apt. #, etc.
SUITE # 121City & State
BOCA RATON FLCity & State
BOCA RATON FL4. FEI Number
65-0948371
Applied For
Not ApplicableZip
33432
CountryZip
33432
Country5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSCHIESS MARIA
400 S. DIXIE HWY STE., #121
BOCA RATON FL 33432 US**7. Name and Address of New Registered Agent**Name
SCHIESS MARIA
Street Address (P.O. Box Number is Not Acceptable)
400 S. DIXIE HWY
SUITE # 121
City
BOCA RATON FL Zip Code
33432

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 **MARIA SCHIESS** 04/03/2001
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. 150,000.00 10. Amount of Capital Contributions in FLORIDA to date. 150,000.00 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 #	SELECT HOMES DEVELOPMENT, INC. 400 S. DIXIE HWY STE., #121 BOCA RATON FL 33432	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
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: **Maria Schless** P 04/03/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)