

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR -8 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001604

1. Entity Name

NEW RIVER DEVELOPMENT PARTNERS LTD.

Principal Place of Business

8211 WEST BROWARD BLVD
STE 200
PLANTATION FL 33324

Mailing Address

8211 WEST BROWARD BLVD
STE 200
PLANTATION FL 33324

2. Principal Place of Business

1825 Main Street

3. Mailing Address

1825 Main Street

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

Broward

Zip

33326

Country

Broward

DUE BY MAY 1, 2002

4. FEI Number

65-0953879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAUL E. ROSEN

8211 WEST BROWARD BLVD
STE 200
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable.

PAUL E. ROSEN

3/8/02

DATE

9. Capital Contributions
as Shown on record.

\$1,700,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,750,000.00

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 # L99000006216
NAME NEW RIVER DEVELOPMENT PARTNERS LLC
STREET ADDRESS 8211 WEST BROWARD BLVD., STE 200
CITY-ST-ZIP PLANTATION FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1825 Main Street #201
CITY-ST-ZIP Weston FL 33326

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

PAUL E. ROSEN 3/8/02 954-277-2510

CR2E003 (9/01)