

2001 UNIFORM BUSINESS REPORT (UBR)

0003749 AF

DOCUMENT # **A99000001716**

enj

1. Entity Name

FLAMINGO PARK APARTMENTS, LTD.

FILED

01 MAR '01 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131~~

~~200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131~~

2. Principal Place of Business

**1623 Collins Ave
Suite, Apt. #, etc. # 909**

3. Mailing Address

**1623 Collins Ave
Suite, Apt. #, etc. # 909**

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

65-0955873

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENNETT, JOSH N ESQ.
FIRST UNION CENTER
200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131**

**1623 Collins Ave
909
Miami Beach
FL 33139**

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 _____ DATE _____
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.

\$50,000.00

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 # **L99000006880**
NAME **COCONUT EXPRESS, LC**
STREET ADDRESS **200 SOUTH BISCAYNE BLVD., SUITE 1050**
CITY-ST-ZIP **MIAMI FL 33131**

Same as above

STREET ADDRESS

CITY-ST-ZIP

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-04/11/01--01092--009

******488.75 ****438.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

\$ 438.75

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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: **Virginia Dominguez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 25/2001 **305 534-9090**
Date Daytime Phone #

CR2E003 (11/00)