2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002012

1. Entity Name

STEEPLECHASE INVESTMENTS LTD.

Principal Place of Business	Mailing Address
7000 W. PALMETTO PARK ROAD. SUITE 200 BOCA RATON FL 33433	7000 W. PALMETTO PARK ROAD. SUITE 200 BOCA RATON FL 33433-3430

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5196 CATALINA DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL.	City & State
Zip: 33433 / Country: U.S.A.	Zip / Country

4. FEI Number [redacted] ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN
7000 W. PALMETTO PARK ROAD, SUITE 200
BOCA RATON FL 33433

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: $100,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,000

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	APPLEBAUM, JEFFREY MARC 7000 W. PALMETTO PARK ROAD, SUITE 200 BOCA RATON FL 33433	STREET ADDRESS	
		CITY-ST-ZIP	200003287002--2 -06/13/00--01049--017 ****141.25 ****141.25
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		CITY-ST-ZIP	FILED 00 MAY -1 AM 10: 2 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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		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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (7/99)