

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B93000000374**

1. Entity Name

INTRACOASTAL C LIMITED PARTNERSHIP

Principal Place of Business

~~C/O GOLDMAN SACHS & CO.~~
~~100 CRESCENT COURT, STE. 1000~~
~~DALLAS TX 75201~~

Mailing Address

% LEGAL DEPT.
600 E. LAS COLINAS BLVD. SUITE 1900
IRVING TX 75039

2. Principal Place of Business

600 E Las Colinas Blvd

Suite, Apt. #, etc.

Suite 400

3. Mailing Address

Suite, Apt. #, etc.

Suite 400

City & State

Irving, TX

City & State

DUE BY SEPTEMBER 26, 2001

4. FEI Number

13-3730414

Applied For

Not Applicable

Zip

75039

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$21,184,639.00

10. Amount of Capital Contributions in FLORIDA to date.

\$15,806,601

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 # **F9600003213**
NAME **NEW INTRACOASTAL C CORP.**
STREET ADDRESS **100 CRESCENT CT, STE. 1000**
CITY-ST-ZIP **DALLAS TX 75201**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **600 E Las Colinas Blvd, Suite 400**
CITY-ST-ZIP **Irving, TX 75039**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

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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 REQUIRED

Secretary of General Partner

7/25/01

FILED

01 SEP 11 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0003286 AB

CR2E003 (5/01)

STAPLE CHECK HERE