2000 UNIFORM BUSINESS REPORT (UBR)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS B9400000060 DOCUMENT # 1. Entity Name OAKRIDGE ASSOCIATES LIMITED PARTNERSHIP 00 JUN -7 PM 1:33 Principal Place of Business Mailing Address -200 SOUTH PARK ROAD 200 SOUTH PARK ROAD **GUITE 200** CUITE-200 HOLLYWOOD FL 0002+ HOLLYWOOD FL 33021-8544 2. Principal Place of Business 3. Mailing Address 300 Hollywood Way 300 Hollywood Way Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0484494 Hollywood, Florida Not Applicable Hollywood, Florida Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 33021 USA 33021 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STOTZER, THEODORE R ESQ. Street Address (P.O. Box Number is Not Acceptable) 300 Hollywood Way -200 SOUTH PARK ROAD - #200 HOLLYWOOD FL 33021 Zip Code 33021 City Hollywood, 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) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,000,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. \$1,000,000.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. F94000000859 DOCUMENT# STREET ADDRESS HOLLYWOOD, INC. (OAKRDIDGE) 300 Hollywood Way NAME 200 S. PARK ROAD - #200 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP Hollywood, Florida 33021 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 800003299238---06/2<u>1/00--01077--</u>007 CITY ST-7P DOCUMENT# STREET ADDRESS ****535.00 ****535,00 NAME STREET ADDRESS CITY - ST - ZIP CITY:: ST - ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZP 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

FIE REQUIESTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

R. Stotzer, Sr.VP 4/25/00

(954)

981-1000

Daytime Phone #