

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000359

1. Entity Name

CORAL RIDGE PROPERTY LIMITED PARTNERSHIP (TENNES

Principal Place of Business

501 BRICKELL KEY DRIVE, SUITE 509
MIAMI FL 33131

Mailing Address

501 BRICKELL KEY DRIVE, SUITE 509
MIAMI FL 33131

FILED

01 JUN -8 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2601 S. Bayshore Dr

3. Mailing Address

2601 S. Bayshore Drive

Suite, Apt. #, etc.

700

Suite, Apt. #, etc.

700

City & State

Miami FL

City & State

Miami FL

4. FEI Number

62-1576524

Applied For

Not Applicable

Zip

Country

Zip

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, H. WILLIAM JR.
501 BRICKELL KEY DRIVE, SUITE 509
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

ANDREW R. WEISS

Street Address (P.O. Box Number is Not Acceptable)

2601 S. Bayshore Drive

Suite 700

City

Miami

FL

Zip Code

33133

8. The above named entity hereby certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Andrew R. Weiss

ANDREW R. WEISS

3/15/01

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.

\$20,000.00

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

DOCUMENT # A95000001490
NAME ATLANTIC REALTY GROWTH FUND I, LTD.
STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 509
CITY-ST-ZIP MIAMI-FL-33131

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2601 S. Bayshore Drive #700
CITY-ST-ZIP Miami, FL 33133

DOCUMENT #

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

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