

# 2002 UNIFORM BUSINESS REPORT (UBR)

0003434 AV

DOCUMENT # **B95000000067**

1. Entity Name

**LEHILL PARTNERS L.P., LIMITED PARTNERSHIP**

**FILED**

**02 MAY -1 AM 10: 54**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**CORPORATION TRUST CENTER  
1209 ORANGE STREET  
WILMINGTON DE 19801**

Mailing Address  
**P.O. BOX 5025  
CORPORATE OFFICE  
BOCA RATON FL 33431**



2. Principal Place of Business  
**475 Seagate Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State  
**Naples, FL**

City & State

4. FEI Number  
**36-4005255**

Applied For  
Not Applicable

Zip  
**34103**

Country  
**USA**

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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.

9. Capital Contributions as Shown on record. **\$131,252,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>L99000003837 PELICAN HILL, LLC 501 E. CAMINO REAL BOCA RATON FL 33432</b>	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	

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**-05/17/02--01026--026**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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

**Steven M. Dauria**

**SIGNATURE:** *[Signature]* **VP/T-FPH/RHI Merger Corp 4/25/02 561-447-5300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)