

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003808 AV

DOCUMENT # B97000000275



1. Entity Name
CROCKER PARTNERS, L.P.

03 APR -2 AM 10:47

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

Principal Place of Business
15 EAST NORTH STREET
DOVER DE 19903

Mailing Address
433 PLAZA REAL, SUITE 335
BOCA RATON FL 33432



2. Principal Place of Business

3. Mailing Address

225 NE Mizner Blvd.

Suite, Apt. #, etc.

Suite 200

DUE BY MAY 1, 2003

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

4. FEI Number 65-0725369

Applied For

Not Applicable

Zip

Country

Zip

Country

33432

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

GRAGG, K. LAWRENCE
C/O WHITE & CASE
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$1,200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,050,000.00

11. MAKE CHECK PAYABLE TO FL. 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 # F97000002486
NAME CROCKER PARTNERS, INC.
STREET ADDRESS 433 PLAZA REAL, SUITE 335
CITY-ST-ZIP BOCA RATON FL 33432

STREET ADDRESS

225 NE Mizner Blvd., Suite 200

CITY-ST-ZIP

Boca Raton, FL 33432

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/25/03

Date

(361) 395-9666

Daytime Phone #

CR2E003 (10/02)