

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 OCT -5 AM 9:00

1. Name of Limited Partnership

1a. DOCUMENT #  
B97000000546

DMB/SARASOTA I, L.P.



Mailing Address

Principal Office Address

~~XXXXXX XXXX XXXX XXXX XXXX  
XXXXXX XXXX XXXX XXXX XXXX  
XXXXXX XXXX XXXX XXXX XXXX~~

11 EAST 44TH STREET, 14TH FLOOR  
NEW YORK NY 10017

3. Date Formed or Registered

10/14/1997

5a. Capital Contributions as  
Shown on record.

\$571,725.00

3a. Date of Last Report

04/20/1998

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

2. Mailing Address

501 Madison Avenue

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
18th Floor

City & State

New York, New York

City & State

Zip

10022

Country

USA

Zip

Country

4. State or Country of Formation

DE

6. FEI Number

13-3970179

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. If changed, new Registered Agent/Office

Name

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

3100002658413--4

Suite, Apt. #, etc.

10/07/98 01107-016

City

\*\*\*\*526.25 \*\*\*\*526.25

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

DMB L3 G.P., INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11 EAST 44TH STREET,

11b. City, State & Zip Code

NEW YORK NY 10017

11c. Registration/  
Document Number

P97000088074

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Charles Small, President

DATE September, 1998

(212) 753-3123

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CRZE003 (8/98)