

2001 UNIFORM BUSINESS REPORT (UBR)

0015717 AF

DOCUMENT # B97000000546

1. Entity Name

DMB/SARASOTA I, L.P.

FILED

01 JAN 19 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

501 MADISON AVENUE, 18TH FLOOR
NEW YORK NY 10022

2. Principal Place of Business

501 Madison Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

18th Floor

City & State

City & State

New York, New York

4. FEI Number

13-3970179

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
10022

Country

New York

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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.

\$571,725.00

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 # P97000088074
NAME DMB L3 G.P., INC.
STREET ADDRESS 11 EAST 44TH STREET, 14TH FLOOR
CITY-ST-ZIP NEW YORK NY 10017

STREET ADDRESS 501 Madison Avenue, 18th Floor
CITY-ST-ZIP New York, New York 10022

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 4000003576354--5
CITY-ST-ZIP -01/26/01--01046--007
****526.25 ****526.25

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Robert W. LoSchiavo, Senior Vice President

CR2E003 (11/00)