

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000253**

1. Entity Name

ART FLORIDA PORTFOLIO III, LTD.

Principal Place of Business

**10670 N. CENTRAL EXPRESSWAY, #600
DALLAS TX 75231**

Mailing Address

**10670 N. CENTRAL EXPRESSWAY, #600
DALLAS TX 75231**

2. Principal Place of Business

1800 Valley view Lane

3. Mailing Address

1800 Valley View Lane

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Dallas, TX

City & State

Dallas, TX

Zip

75234

Country

Dallas

Zip

75234

Country

Dallas

4. FEI Number

75-2759742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

\$10.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$10.00

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 # **F98000002298**
NAME **ART FLORIDA PARTNERS, INC.**
STREET ADDRESS **10670 N. CENTRAL EXPRESSWAY, #600**
CITY-ST-ZIP **DALLAS TX 75231**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1800 Valley View Lane**

CITY-ST-ZIP **Dallas, TX 75234**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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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

Robert A. Waldman, Secretary

SIGNATURE:

ART FLORIDA PARTNERS, INC.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/27/01

Date

469-522-4200

Daytime Phone #

0016299 AF

CR2E003 (11/00)

FILED

01 MAR 15 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE