

# **LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 APR 17 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000500

1. Entity Name

SRMP COCONUT CREEK, L.P.

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
c/o HAUSMAN FINANCIAL

3. Mailing Address  
c/o HAUSMAN FINANCIAL

Suite, Apt. #, etc.  
302 EAST COWAN DRIVE

Suite, Apt. #, etc.  
302 EAST COWAN DRIVE

City & State  
HOUSTON, TX

City & State  
HOUSTON, TX

Zip  
77007

Country  
USA

Zip  
77007

Country  
USA

4. FEI Number  
62-1749608

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## **7. Name and Address of Current Registered Agent**

Name CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND RD

City PLANTATION FL Zip Code 33324

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

9. Capital Contributions  
as Shown on record. \$2,281,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. \$12,117,798

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 # P96000026645  
NAME SIRROM CORPORATION  
STREET ADDRESS 302 EAST COWAN DRIVE  
CITY-ST-ZIP HOUSTON, TX 77007

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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]*

4/9/02 (615) 465-4448

Date

Daytime Phone #

CR2E003B (12/01)