

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0000949 AV

02 APR 19 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # B99000000350

1. Entity Name
SAN MARINO APARTMENTS LIMITED PARTNERSHIP

Principal Place of Business Mailing Address
848 BRICKELL AVENUE, SUITE 810 848 BRICKELL AVENUE, SUITE 810
MIAMI FL 33131 MIAMI FL 33131

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002
4. FEI Number 65-0948950 Applied For
Not Applicable

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

LAMAR, LUIS
C/O DAYCO HOLDING CORP.
848 BRICKELL AVENUE, SUITE 810
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.

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

DATE

9. Capital Contributions as Shown on record. \$4,400,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$43,095

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 # P96000018098
NAME DAYCO OF SOUTH FLORIDA CORP.
STREET ADDRESS 848 BRICKELL AVENUE, SUITE 810
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS
CITY-ST-ZIP 400005361434--9

DOCUMENT # New name - The Florida Apartment Club, Inc.
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP -04/29/02--01007--012
****390.42 ****390.42

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)