

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005428 AF

DOCUMENT # L98000000091

1. Entity Name
THIRD AND NINTH GENERAL PARTNER, L.C.

00 APR 28 AM 9: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
888 S.E. 3RD AVENUE, SUITE 201
FORT LAUDERDALE FL 33316

Mailing Address
888 S.E. 3RD AVENUE, SUITE 201
FORT LAUDERDALE FL 33316-1159



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

max

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0878451
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOOS, JOHN T
888 SE 3RD AVENUE, SUITE 201
FT LAUDERDALE FL 33316

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME LOOS, JOHN T
STREET ADDRESS 888 SE 3RD AVENUE, SUITE 201
CITY-ST-ZIP FORT LAUDERDALE FL 33302 ☐ Delete

TITLE MGR
NAME HERMAN, PETER G
STREET ADDRESS 110 SE 6TH STREET, 15TH FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

800003249298--7
-05/11/00--01114--019
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

CR2E083 (9/99)