

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012378 AF

DOCUMENT # L98000000091

1. Entity Name

THIRD AND NINTH GENERAL PARTNER, L.C.

01 APR 23 PM 3:19

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 SE 3rd Ave
Suite, Apt. #, etc.
#200

3. Mailing Address

900 SE 3rd Ave
Suite, Apt. #, etc.
#200

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

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 John T Loos
Street Address (P.O. Box Number is Not Acceptable)
900 SE 3rd Ave #200
City Fort Lauderdale FL Zip Code 33316

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 John T. Loos MGR

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

(NOTE: Registered Agent signature required when reinstating)

April 17, 2001

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 MGR.
NAME John T. Loos
STREET ADDRESS 900 SE 3rd Ave #200
CITY-ST-ZIP Fort Lauderdale, FL 33316 ☒ 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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)