

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001310**

1. Entity Name  
**CORAL REEF COMMERCIAL PROPERTIES, L.C.**

**FILED**

**00 APR 11 AM 9:03**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**6245 NORTHWEST NINTH AVENUE, SUITE 213  
FORT LAUDERDALE FL 33309**

Mailing Address  
**6245 NORTHWEST NINTH AVENUE, SUITE 213  
FORT LAUDERDALE FL 33309-2047**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0845328**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BORMAN, PATRICIA  
6245 NORTHWEST NINTH AVENUE, SUITE 213  
FORT LAUDERDALE FL 33309**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  Delete  
NAME **MGR**  
STREET ADDRESS **BORMAN, PATRICIA**  
CITY-ST-ZIP **6245 NORTHWEST NINTH AVENUE, SUITE 213  
FORT LAUDERDALE FL 33309**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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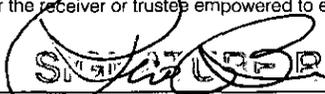
TITLE  Delete  
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CITY-ST-ZIP

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**4-5-00**

Date

**954-351-9501**

Daytime Phone #