

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010494 AT

DOCUMENT # A00000000991

1. Entity Name
GATOR HORIZON PARTNERS, LTD.



FILED
03 APR 10 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1595 NE 163RD STREET NORTH MIAMI BEACH FL 33162	Mailing Address 1595 NE 163RD STREET NORTH MIAMI BEACH FL 33162
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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DUE BY MAY 1, 2003

4. FEI Number 65-1018026	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDSMITH, JAMES A
1595 NE 163RD STREET
NORTH MIAMI BEACH FL 33162**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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 # P0000062528 NAME GATOR HORIZON, INC. STREET ADDRESS 1595 NE 163RD STREET CITY-ST-ZIP NORTH MIAMI BEACH FL 33162	STREET ADDRESS _____ CITY-ST-ZIP _____
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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 James P. Goldsmith* **3/27/03** **305-949-9049**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)