


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010619 AT

<b>DOCUMENT #</b> A00000000992	
1. Entity Name <b>GATOR CLIFTON PARTNERS, LTD.</b>	

FILED

03 APR 10 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>1595 NE 163RD STREET NORTH MIAMI BEACH FL 33162</b>	Mailing Address <b>1595 NE 163RD STREET NORTH MIAMI BEACH FL 33162</b>
2. Principal Place of Business	3. Mailing Address

Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>DUE BY MAY 1, 2003</b>	
City & State	City & State	4. FEI Number <b>65-1018037</b>	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GOLDSMITH, JAMES A 1595 NE 163RD STREET NORTH MIAMI BEACH FL 33162</b>		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. <b>\$10,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	P00000059412	STREET ADDRESS	
NAME	GATOR CLIFTON INC	CITY-ST-ZIP	
STREET ADDRESS	1595 NE 163RD STREET		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		
DOCUMENT #		STREET ADDRESS	800015650298
NAME		CITY-ST-ZIP	04/10/03--01070--027 **158.75
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NAME		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:** *James A. Goldsmith* 3/27/03 305-949-9047  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE