

FILED

03 APR 24 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001452

1. Entity Name
SC-ABACOA PLAZA ASSOCIATES, LLLPPrincipal Place of Business
ONE N. CLEMATIS ST., STE. 305
WEST PALM BEACH, FL 33401Mailing Address
ONE N. CLEMATIS ST., STE. 305
WEST PALM BEACH, FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number

94-3414881

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOSOY, BRIAN D
ONE N. CLEMATIS ST., STE. 305
WEST PALM BEACH, FL 33401

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

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

DATE

9. Capital Contributions

as Shown on record. \$450,000.00

10. Amount of Capital Contributions
in FLORIDA to date.MAKE CHECK PAYABLE TO FL DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 # P01000079564
NAME SC-ABACOA G.P., INC.
STREET ADDRESS ONE N. CLEMATIS ST., STE. 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401

STREET ADDRESS

CITY-ST-ZIP

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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 820, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SC-ABACOA ASSOCIATES, LLLP

By: BRIAN D. KOSOV 4-11-03 561-835-1810

Vice President

One

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)