

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000700
AT

DOCUMENT # **A29441**

1. Entity Name
SEARSTOWN LIMITED PARTNERSHIP



FILED

2003 OCT -3 AM 8:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**9117 S.W. 72ND AVENUE
MIAMI FL 33156**

Mailing Address
**9117 S.W. 72ND AVENUE
MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State

City & State

4. FEI Number **52-1675446**
Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEISNER, FRANK H
9117 S.W. 72ND AVE.
MIAMI FL 33156**

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. **\$3,062,867.00**

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 # **L02135**
NAME **F.M SEARSTOWN MGMT CORP**
STREET ADDRESS **9117 S.W. 72ND AVE.**
CITY-ST-ZIP **MIAMI FL**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **200022165522**
08/08/03--01034--003 **550.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **200022165522**
10/03/03--01045--022 **395.00

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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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: **SIGNATURE OF FRANK WEISNER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/5/03 **(305) 665-5276**
Date Daytime Phone #

CR2E003 (4/03)