


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009935 AT

<b>DOCUMENT # A33274</b>		
1. Entity Name <b>CREDIT COMPANY OF MIAMI, LTD.</b>		
Principal Place of Business <b>2693 BISCAYNE BLVD. MIAMI FL 33137-4533</b>	Mailing Address <b>2060 BISCAYNE BLVD., 2ND FLOOR MIAMI FL 33137</b>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>DUE BY MAY 1, 2003</b>	
4. FEI Number <b>65-0348959</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>KRIEGER, STANLEY J 2060 BISCAYNE BLVD 2ND FLOOR MIAMI FL 33137-5024</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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>\$7,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	<b>V55411</b>	STREET ADDRESS	
NAME	<b>CREDIT COMPANY OF MIAMI, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2060 BISCAYNE BLVD 2ND FLOOR</b>		<b>688817917916</b>
CITY-ST-ZIP	<b>MIAMI FL 33137-5024</b>		05/02/03--01122--008 **158.75
DOCUMENT #		STREET ADDRESS	
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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 620, Florida Statutes

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** 04/25/03 (305) 576-1889

DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E003 (10/02)