

FILED


03 MAY -5 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A93000001338

1. Entity Name
TEAL POINTE ASSOCIATES, LTD.



Principal Place of Business Mailing Address
 2828 CORAL WAY 2828 CORAL WAY
 PENTHOUSE SUITE PENTHOUSE SUITE
 MIAMI, FL 33145 MIAMI, FL 33145

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Zip Country Country



DUE BY MAY 1, 2003

4. FEI Number Applied For
65-0405978 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

I, the above named entity, submit 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 date if applicable

9. Capital Contributions as shown on record: **\$682,477.00** 10. Amount of Capital Contributions in FLORIDA to date: _____

**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 # **A93000001337**
 NAME **RELATED/GMN TEAL, LTD.**
 STREET ADDRESS **2828 CORAL WAY PENTHOUSE SUITE**
 CITY-ST-ZIP **MIAMI, FL 33145**

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)(X), 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: *Angel Hernandez* **ANGEL HERNANDEZ** 4/10/03
SIGNATURE AND TITLE OF REGISTERED NAME OF NON-INDIVIDUAL GENERAL PARTNER **VICE - PRESIDENT** Case # Daytime Phone #

STAPLE CHECK HERE

CR2E013 (10/02)

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