

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002101 AV

**DOCUMENT # A93000001343**  
 1. Entity Name  
**RELATED/GMN BISCAYNE, LTD.**



FILED

03 APR 23 PM 3:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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

Mailing Address  
 2828 CORAL WAY, PENTHOUSE SUITE  
 MIAMI FL 33145

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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 <b>65-0454743</b>                                      | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> 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

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. **\$695.00**

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 |                                        |
|---------------------------------|----------------------------------------|
| DOCUMENT #                      | <b>P93000082828</b>                    |
| NAME                            | <b>RELATED HOMESTEAD, INC.</b>         |
| STREET ADDRESS                  | <b>2828 CORAL WAY, PENTHOUSE SUITE</b> |
| CITY-ST-ZIP                     | <b>MIAMI FL 33145</b>                  |
| DOCUMENT #                      |                                        |
| NAME                            |                                        |
| STREET ADDRESS                  |                                        |
| CITY-ST-ZIP                     |                                        |
| DOCUMENT #                      |                                        |
| NAME                            |                                        |
| STREET ADDRESS                  |                                        |
| CITY-ST-ZIP                     |                                        |
| DOCUMENT #                      |                                        |
| NAME                            |                                        |
| STREET ADDRESS                  |                                        |
| CITY-ST-ZIP                     |                                        |
| DOCUMENT #                      |                                        |
| NAME                            |                                        |
| STREET ADDRESS                  |                                        |
| CITY-ST-ZIP                     |                                        |

| 13. ADDRESS CHANGES ONLY |                                      |
|--------------------------|--------------------------------------|
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |
| STREET ADDRESS           | <b>100016692571</b>                  |
| CITY-ST-ZIP              | <b>04/23/03--01008--003 **150.00</b> |
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |
| STREET ADDRESS           |                                      |
| 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:** \_\_\_\_\_ **ANGEL HERNANDEZ** VICE-PRESIDENT **4/7/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)

SAMPLE CHECK HERE