

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000655**1. Entity Name  
**GATOR KNOLLWOOD PARTNERS, LTD.****FILED****03 APR 10 AM 11:15**SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
**1595 NE 163RD STREET  
NORTH MIAMI BEACH FL 33162**Mailing Address  
**1595 NE 163RD STREET  
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City &amp; State

City &amp; State

4. FEI Number **65-0493794**

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

**GOLDSMITH, JAMES A  
1595 NE 163RD STREET  
NORTH MIAMI BEACH FL 33162**

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 title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$9,900.00**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 # **P94000035472**  
NAME **GATOR KNOLLWOOD INVESTORS, INC**  
STREET ADDRESS **1595 NE 163RD STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

STREET ADDRESS

CITY-ST-ZIP

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**400015652884**  
**04/10/03--01036--008 \*\*158.05**DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

**M THOMAS**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**SIGNATURE: JAMES A GOLDSMITH 3/27/03 305-449-9049**  
Date Daytime Phone #