

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001962 AV

DOCUMENT # **A94000001307**



1. Entity Name  
**BB HUDSON LTD.**

**FILED**

03 JAN 21 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**523 MICHIGAN AVENUE  
MIAMI BEACH FL 33139**

Mailing Address  
**523 MICHIGAN AVENUE  
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-0525698**

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

**FRYD, JONATHAN  
523 MICHIGAN AVENUE  
MIAMI BEACH FL 33139**

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. **\$990.00**

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 #     | <b>P94000044722</b>         |
| NAME           | <b>1234 GROUP, INC.</b>     |
| STREET ADDRESS | <b>523 MICHIGAN AVENUE</b>  |
| CITY-ST-ZIP    | <b>MIAMI BEACH FL 33139</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    |                             |

|                |                                      |
|----------------|--------------------------------------|
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    | <b>400010384434</b>                  |
| STREET ADDRESS | <b>01/21/03--01037--001- *141.25</b> |
| 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: **SIGNATURE REQUIRED Jonathan Fryd 1-14-03 305-673-2948**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)