

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # A98000000476

1. Entity Name
CHULA VISTA MEDICAL PLAZA INVESTORS LIMITED PART
NERSHIP



FILED
03 APR 30 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3801 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS FL 33410

Mailing Address
3801 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0820931

Applied For

Not Applicable

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

REGSERV CORP.
3801 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS FL 33410

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. \$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$1,000.00

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 # A98000000475
NAME CHULA VISTA MEDICAL PLAZA EQUITY INVESTORS
STREET ADDRESS 3801 PGA BOULEVARD, SUITE 600
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS 300017628113
CITY-ST-ZIP 04/30/03--01128--022 **141.25

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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 REQUIRED

SIGNATURE AND ADDRESS OF SIGNING GENERAL PARTNER

Vice President

Date

Daytime Phone #

CP2E003 (10/02)

STAMP CHECK HERE