

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 24 AM 10:49

DOCUMENT # A98000000932

1. Entity Name
2727 CRN PARTNERS, LTD.



Principal Place of Business
8585 SUNSET DRIVE, WEST ATRIUM
MIAMI, FL 33143

Mailing Address
8585 SUNSET DRIVE, WEST ATRIUM
MIAMI, FL 33143

700021174907
06/27/03--01039--019 **150.00



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

65-0831612

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

STANLEY, SHERRY A A
COLL DAVIDSON CRTER SMITH ET AL
201 S. BISCAYNE BLVD., SUITE 3200
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Marshall R. Pasternack, P.A.
Street Address (P.O. Box Number is Not Acceptable)
200 South Biscayne Boulevard
Suite 2500
City Miami FL 33131

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

By: Marshall Pasternack, President

6/10/03

DATE

9. Capital Contributions
as Shown on record. \$110,212.00

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 # L18817
NAME L.F.A. FACILITY MANAGEMENT CORPORATION
STREET ADDRESS 8585 SUNSET DRIVE, WEST ATRIUM
CITY-ST-ZIP MIAMI, FL 33143

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

02/26/03--90166--015-- \$ 376.25

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LAWRENCE S. FORMAN

6/16/03

Date

Daytime Phone #

305-

595-8232

CR2E003 (10/02)

STAPLE CHECK HERE