

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

14 4676000

DOCUMENT # A98000001591

1. Entity Name
S.T.O.F. HOLDINGS, LTD.



FILED

03 MAR -4 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6300 STIRLING ROAD
HOLLYWOOD FL 33024**

Mailing Address
**6300 STIRLING ROAD
HOLLYWOOD FL 33024**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2003

4. FEI Number **65-0852522**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DORSKY, ERIC ESQ.
7320 GRIFFIN ROAD, SUITE 220
DAVIE FL 33314

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. **\$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

DOCUMENT #	P96000049801
NAME	SEMINOLE PROPERTIES I, INC.
STREET ADDRESS	6300 STIRLING ROAD
CITY-ST-ZIP	HOLLYWOOD FL 33024
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	100013518231 03/04/03--01079--004 **141.25
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 REQUIRED** *Jim Lowe, President* **1/14/02** **954-967-3950**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)