2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A9900000743 DOCUMENT

1. Entity Name

CENTRE COURT ON 53RD, LTD.



Place W

Principal Place of Business 1343 MAIN STREET. 5TH FLOOR SARASOTA FL 34336

2. Principal Place of Business

Mailing Address 1343 MAIN STREET, 5TH FLOOR

SARASOTA FL 34336

3. Mailing Address

FILED

03 HAR -7 AM 9: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



F Suite, Apr. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & Stat	te		City & State Bradenton	FL	,	4. FEI Number	65-0917716		Applied For Not Applicable	
Zip		Country	342 10	Countr (4)		5. Certificate of	Status Desired		75 Additional Required	
	6. Name	and Address of Current Re	egistered Agent			7. Name and Ad	ddress of New Re	gistered Ager	nt	
MANNAUSA, THOMAS J 1343 MAIN STREET, 5TH FLOOR						Mannau s (P.O. Box Number is		onpo	ing	
	N STREET, A FL 34336	The same of the sa			4255	Dad-	Place_	West		
					City Brees	lenton		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 Thomas J. Mannausa: Resident 3-3-0) DATE DATE										
	9. Capital Contributions as Shown on record. \$4,719,247-00 in FLORIDA to date						SEE REVERSE	SIDE FOR FE	FL. DEPT. OF STATE E 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 #	P98000015002				STREET ADDRESS					
NAME OTRICET ADDRESS	Centre Court on 53rd, Inc. 1343 Main Street, 5th Floor				<u> </u>	·····				
STREET ADDRESS CITY-ST-ZIP	SARASOTA FL 34336			CITY-S	CITY-ST-ZIP					
OOCUMENT # NAME				STREET	ADDRESS	000013637120 03/07/0301004010 **535.00				
STREET ADDRESS CITY-ST-ZIP				CITY-S	T-ZIP	·				
DOCUMENT # NAME				STREET	ADDRESS					
STREET ADORESS CITY-ST-ZIP					T-ZIP					
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DOCUMENT # NAME				STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-S	T-ZIP					
DOCUMENT #				STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-S	T-ZIP					
14. I hereby of	certify that the	information supplied with the	is filing does not qualify for that my signature shall have the	he exemple same le	ption stated in S	Section 119.07(3)(i), F	Florida Statutes, I f	urther certify the	nat the information	

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: