

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

01/22/03 AI

**DOCUMENT # A99000001437**



**FILED**  
03 FEB 27 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Entity Name  
**CEDAR DEVELOPMENT, LTD.**

Principal Place of Business <b>7777 GLADES RD. STE 310 BOCA RATON FL 33434</b>	Mailing Address <b>7777 GLADES RD. STE 310 BOCA RATON FL 33434</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

7/27

**DUE BY MAY 1, 2003**

4. FEI Number **65-0945004**      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**

**CEDAR DEVELOPMENT CORP  
7777 GLADES RD, STE 310  
BOCA RATON FL 33434**

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.      **\$7,500.00**

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 # **P99000078308**  
NAME **CEDAR DEVELOPMENT CORP.**  
STREET ADDRESS **7777 GLADES RD., SUITE 310**  
CITY-ST-ZIP **BOCA RATON FL 33434**

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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

2/20/03

Date      Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE