

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001680**

1. Entity Name  
**CLIPPER COVE ASSOCIATES, LTD.**



Principal Place of Business  
**2121 PONCE DE LEON BLVD.,  
PH  
CORAL GABLES FL 33134**

Mailing Address  
**2121 PONCE DE LEON BLVD.,  
PH  
CORAL GABLES FL 33134**

**FILED**  
**03 JAN 22 AM 11:21**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL 32301**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

**DUE BY MAY 1, 2003**

4. FEI Number **65-0972149**

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGISTERED AGENTS OF FLORIDA, LLC  
100 S.E. 2ND STREET., STE. 3500 2900  
MIAMI FL 33131-2130**

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.

**\$3,720,000.00**

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 # **L99000006847**  
NAME **CORNERSTONE CLIPPER COVE LLC**  
STREET ADDRESS **2121 PONCE DE LEON BLVD., PH2**  
CITY-ST-ZIP **CORAL GABLES FL**

STREET ADDRESS

CITY-ST-ZIP

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**300010418283**  
**01/22/03-01049-000-\*\*\*535.00**

**M THOMAS**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0001524  
AV