

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010606 AT

**DOCUMENT # A95000002058**

1. Entity Name  
**HAMERSMITH LIMITED PARTNERSHIP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2/4  
4/17

03 APR - 9 - PH 2: 39

Principal Place of Business <b>3200 N.W. 125TH STREET MIAMI FL 33167-2408</b>	Mailing Address <b>3200 N.W. 125TH STREET MIAMI FL 33167-2408</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

DUE BY MAY 1, 2003

4. FEI Number <b>65-0627691</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HAMERSMITH, MINDA ESQ.  
1481 N.W. NORTH RIVER DR.  
MIAMI FL 33125**

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.

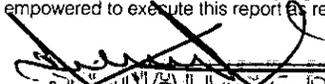
9. Capital Contributions as Shown on record. <b>\$14,995.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST 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																
<table border="1" style="width: 100%;"> <tr><td>DOCUMENT #</td><td><b>P93000017587</b></td></tr> <tr><td>NAME</td><td><b>STEHN, CO.</b></td></tr> <tr><td>STREET ADDRESS</td><td><b>3200 N.W. 125TH STREET</b></td></tr> <tr><td>CITY-ST-ZIP</td><td><b>MIAMI FL 33167-2408</b></td></tr> </table>	DOCUMENT #	<b>P93000017587</b>	NAME	<b>STEHN, CO.</b>	STREET ADDRESS	<b>3200 N.W. 125TH STREET</b>	CITY-ST-ZIP	<b>MIAMI FL 33167-2408</b>	<table border="1" style="width: 100%;"> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>STREET ADDRESS</td><td><b>700015550547</b></td></tr> <tr><td>CITY-ST-ZIP</td><td><b>04/03/03--01032--001 **193.72</b></td></tr> </table>	STREET ADDRESS		CITY-ST-ZIP		STREET ADDRESS	<b>700015550547</b>	CITY-ST-ZIP	<b>04/03/03--01032--001 **193.72</b>
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CR2E003 (10/02)

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:**  **Henry Hamersmith**      3/31/03      305-687-6457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #