

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001227 AV

DOCUMENT # **A97000000444**1. Entity Name  
**MORNINGSIDE ASSOCIATES LTD.****FILED**

03 APR 15 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
**48 EAST FLAGLER STREET, PH-104  
MIAMI FL 33131**Mailing Address  
**48 EAST FLAGLER STREET, PH-104  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City &amp; State

City &amp; State

4. FEI Number **58-2326188**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARBIN, EVAN R ESQ.  
48 EAST FLAGLER STREET, PH-104  
MIAMI FL 33131**

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.**\$75,000.00**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 # **P97000078935**  
NAME **ALF DEVELOPERS, INC.**  
STREET ADDRESS **48 EAST FLAGLER STREET, PH-104**  
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS

**1250 E. Hallandale Beach Blvd.**

CITY-ST-ZIP

**Suite 902  
Hallandale, FL 33141**DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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04/15/03--01026--011 \*\*526.25**DOCUMENT #  
NAME  
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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

BY: **ALF DEVELOPERS, INC.**SIGNATURE: BY: **Dennis Tynsky**  
**DENNIS TYNISKY, PRESIDENT**

2/28/03 (305) 371-2248

Date

Daytime Phone #

CR2E003 (10/02)