

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A14609**

1. Entity Name  
**CUTLERWOOD ASSOCIATES, LTD.**



**FILED**

**03 APR 30 AM 11:01**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**10960 SW 200 ST.  
MIAMI FL 33189**

Mailing Address  
**3850 HOLLYWOOD BLVD.  
SUITE 400  
HOLLYWOOD FL 33021**



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 **59-2439660**

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

**CORNFELD, ROBERT M  
3850 HOLLYWOOD BLVD.  
SUITE 400  
HOLLYWOOD FL 33021**

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 **\$1,580,000.00**  
as Shown on record

10. Amount of Capital Contributions  
in FLORIDA to date **\$1,580,000.00**

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 # **A31043**  
NAME **FLORIDA APARTMENT MANAGEMENT, LTD.**  
STREET ADDRESS **3850 HOLLYWOOD BLVD., STE 400**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

STREET ADDRESS

CITY-ST-ZIP

**300017593533**  
**04/30/03--01088--010 \*\*526.25**

DOCUMENT #  
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CITY-ST-ZIP

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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

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

4/18/03

(954) 989-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Robert M. Cornfeld, President Cambridge Asset Mgmt., Inc.**

Date

Daytime Phone #

CR2E003 (10/02)