


**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A98000001843	
1. Entity Name ALLAPATTAH GARDENS, LTD.	

FILED
03 JUL 28 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2950 S. W. 27th Avenue Suite, Apt. #, etc. Suite 200 City & State Coconut Grove, Florida Zip 33133	3. Mailing Address 2950 S. W. 27th Avenue Suite, Apt. #, etc. Suite 200 City & State Coconut Grove, Florida Zip 33133	4. FEI Number 65-0852731 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

BK

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DUE BY MAY 1

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Brian J. McDonough

Street Address (P.O. Box Number is Not Acceptable)
2200 Museum Tower

150 West Flagler Street

City
Miami

FL

Zip Code
33130

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

Brian J. McDonough
Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record. 3,472,000

10. Amount of Capital Contributions
in FLORIDA to date. 3,472,000

**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	
DOCUMENT # P02000093120 NAME NCDC Allapattah Gardens, Inc. STREET ADDRESS 5400 N.W. 22nd Avenue, Suite 705 CITY-ST-ZIP Miami, Florida 33142	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # P98000066569 NAME Allapattah Gardens, Inc. STREET ADDRESS 2950 S.W. 27th Avenue, Suite 200 CITY-ST-ZIP Coconut Grove, Florida 33133	STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

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

Luis Gonzalez 7-22-03 (305) 476-8118

Date

Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE