

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

1/1/03
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DOCUMENT # A0000000244

1. Entity Name
**BERGERON PARK OF COMMERCE-NORTH FAMILY LIMITED P
ARTNERSHIP**



FILED

03 FEB 10 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**19612 S.W. 69TH AVENUE
FORT LAUDERDALE FL 33332**

Mailing Address
**19612 S.W. 69TH AVENUE
FORT LAUDERDALE FL 33332**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

DUE BY MAY 1, 2003

4. FEI Number
01-0619440

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

**BERGERON, RONALD M SR.
19612 S.W. 69TH AVENUE
FORT LAUDERDALE FL 33332**

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. **\$500.00**

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 # **P99000009473**
NAME **BERGERON PARK OF COMMERCE-NORTH, INC.**
STREET ADDRESS **19612 S.W. 69TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33332**

STREET ADDRESS
CITY-ST-ZIP

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M THOMAS

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: **RONALD M. BERGERON Sr** 1/31/03 954 680 6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CRZE003 (10/02)