

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001670 AV

DOCUMENT # A00000000666

1. Entity Name
GABLES PARK TOWER LIMITED



FILED
03 MAY -2 PM 6:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

Principal Place of Business
550 BILTMORE WAY, STE. 1210
CORAL GABLES FL 33134

Mailing Address
550 BILTMORE WAY, STE. 1210
CORAL GABLES FL 33134



2. Principal Place of Business
550 Biltmore Way

3. Mailing Address
550 Biltmore Way

Suite, Apt. #, etc.
Suite 740

Suite, Apt. #, etc.
Suite 740

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip Country
33134 USA

Zip Country
33134 USA

4. FEI Number 65-1000715

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A ESQ
GREENBERG TRAUIG PA
1221 BRICKELL AVE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

300017897563
05/02/03--01062--021 ***526.25

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. \$2,000,000.00

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

DOCUMENT # L00000004323
NAME GABLES PARK TOWER, LLC
STREET ADDRESS 550 BILTMORE WAY, STE. 1210
CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS 550 Biltmore Way, Suite 740
CITY-ST-ZIP Coral Gables, FL 33134

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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: Mayren R. Castro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/03
Date

305/448-4091
Daytime Phone #

CR2E003 (10/02)