

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

0010474  
AT

DOCUMENT # **A0000000995**

1. Entity Name

**GATOR FAIRHAVEN PARTNERS, LTD.**

02 APR -5 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1595 NE 163RD STEET  
NORTH MIAMI BEACH FL 33162

Mailing Address

1595 NE 163RD STEET  
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

Zip

Country

Zip

Country

4. FEI Number

**65-1018032**

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

**GOLDSMITH, JAMES A**  
**1595 NE 163RD STREET**  
**NORTH MIAMI BEACH FL 33162**

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.

SIGNATURE \_\_\_\_\_

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

DATE \_\_\_\_\_

9. Capital Contributions  
as Shown on record.

**\$10,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>P0000059406</b>	STREET ADDRESS	
NAME	<b>GATOR FAIRHAVEN INC</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1595 NE 163RD STREET</b>		
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33162</b>		
DOCUMENT #		STREET ADDRESS	<del>400005236574-5</del>
NAME		CITY-ST-ZIP	<del>-04/10/02--01080--007</del>
STREET ADDRESS			<del>***158.75 ***158.75</del>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

CR2E003 (9/01)

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

*James A. Goldsmith*

3/30/02 305-949-9049

Date

Daytime Phone #