

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010620 AT

**DOCUMENT # A00000000997**  
 1. Entity Name  
**GATOR DAYTONA PARTNERS, LTD.**



**FILED**  
**03 APR 10 AM 10:02**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**1595 NE 163 STREET**  
**NORTH MIAMI BEACH FL 33162**

Mailing Address  
**1595 NE 163 STREET**  
**NORTH MIAMI BEACH FL 33162**

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

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

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **65-1018034** Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**  
**GOLDSMITH, JAMES A**  
**1595 NE 163RD STREET**  
**NORTH MIAMI BEACH FL 33162**

**7. Name and Address of New Registered Agent**  
 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. **\$10,000.00**

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 #                      | <b>P00000059409</b>               |
| NAME                            | <b>GATOR DAYTONA INC</b>          |
| STREET ADDRESS                  | <b>1595 NE 163RD STREET</b>       |
| CITY-ST-ZIP                     | <b>NORTH MIAMI BEACH FL 33162</b> |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |

| 13. ADDRESS CHANGES ONLY |                                      |
|--------------------------|--------------------------------------|
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |
| STREET ADDRESS           | <b>700015650387</b>                  |
| CITY-ST-ZIP              | <b>04/10/03--01010--030 **158.75</b> |
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |

CR2E003 (10/02)

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 James A Goldsmith **3/27/03** **305.949.9049**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #