

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001185

1. Entity Name
SYMPHONY TOWERS, LLLP



Principal Place of Business
2201 CORPORATE BLVD. NW. SUITE 200
BOCA RATON FL 33431

Mailing Address
2201 CORPORATE BLVD. NW. SUITE 200
BOCA RATON FL 33431

FILED

03 APR 16 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-1026645

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

7. Name and Address of New Registered Agent

JEFFREY A. DEUTCH P.A.
7777 GLADES ROAD SUITE 300
BOCA RATON FL 33434

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

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

DATE

9. Capital Contributions as Shown on record. \$1,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000071458
NAME SYMPHONY TOWERS, INC.
STREET ADDRESS 1350 NORTHEAST 56TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33334

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME ALTMAN DEVELOPMENT CORPORATION
STREET ADDRESS 2201 CORPORATE BLVD. NW
CITY-ST-ZIP BOCA RATON FL 33431

STREET ADDRESS

CITY-ST-ZIP

300016105769
04/16/03 01034 003 **141.25

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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

ALTMAN DEVELOPMENT CORPORATION, G.P.

SIGNATURE: BY: SIGNATURE REQUIRED

SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/4/02

Date

(561) 997-8661

Daytime Phone #

CR2E003 (10/02)

0003577 AV