

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002817 AV

DOCUMENT # A00000001443

1. Entity Name
CAMPBELL STATION ASSOCIATES, LTD.



FILED
03 APR 29 AM 8:36

SECRETARY OF STATE **MJH**
TALLAHASSEE FLORIDA

Principal Place of Business
**300 SE 2ND ST.
FORT LAUDERDALE FL 33301**

Mailing Address
**300 SE 2ND ST.
FORT LAUDERDALE FL 33301**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4/29

DUE BY MAY 1, 2003

4. FEI Number **65-1041390** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, PATRICIA
C/O STILES CORPORATION
300 SE 2ND ST.
FORT LAUDERDALE FL 33301**

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. **\$1,640,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,000.00**

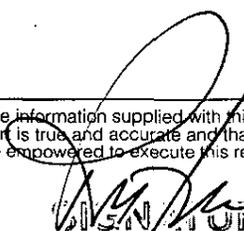
11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	P00000089609
NAME	CAMPBELL STATION GP, INC.
STREET ADDRESS	300 SE 2ND ST.
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
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	700017323727
CITY-ST-ZIP	04/29/03--01993--002 **141.25
STREET ADDRESS	
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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:  **SIGNATURE REQUIRED**

Date: **4/24/03** Daytime Phone #: **954-627-9300**

CR2E003 (10/02)