

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009716 AT

DOCUMENT # A00000001445

1. Entity Name  
THREE VILLAGE HOTEL ASSOCIATES, LIMITED PARTNERS  
HIP



FILED

03 MAY -5 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
9986 NORTHWEST 64TH COURT  
PARKLAND FL 33076

Mailing Address  
9986 NORTHWEST 64TH COURT  
PARKLAND FL 33076

2. Principal Place of Business  
3700 NE 28th Ave

3. Mailing Address  
3700 NE 28th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
Lighthouse Point, FL

City & State  
Lighthouse Point, FL

4. FEI Number 52-2268413

Applied For  
Not Applicable

Zip  
33064

Country

Zip  
33064

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

G.T. CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. \$50,000.00

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 # P00000099629  
NAME THREE VILLAGE HOTELS, INC.  
STREET ADDRESS 9986 NORTHWEST 64TH COURT  
CITY-ST-ZIP PARKLAND FL 33076

STREET ADDRESS

3700 NE 28th Ave

CITY-ST-ZIP

Lighthouse Point, FL 33064

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500017923375

05/05/03-01004-010-44139.75

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Bo. [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/03

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE