

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010208 AT

DOCUMENT # **A00000001448**



1. Entity Name
SUAREZ-MURIAS REAL ESTATE PARTNERSHIP, LTD.

FILED

2003 JUN 13 PM 3:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**275 HARBOR DRIVE
KEY BISCAIYNE FL 33149**

Mailing Address
**275 HARBOR DRIVE
KEY BISCAIYNE FL 33149**

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

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

DUE BY MAY 1, 2003

4. FEI Number **65-1042845**
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

SUAREZ-MURIAS, JORGE
275 HARBOR DRIVE
KEY BISCAIYNE FL 33149

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. **\$852,034.00**

10. Amount of Capital Contributions in FLORIDA to date. **852,034.00**

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 #	
NAME	SUAREZ-MURIAS, JORGE
STREET ADDRESS	275 HARBOR DRIVE
CITY-ST-ZIP	KEY BISCAIYNE FL 33149
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	200016238732 04/18/03--01022--009 **437.50
STREET ADDRESS	
CITY-ST-ZIP	200016238732 06/16/03--01076--005 **88.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-10-03 **305 361-2272**
Date Daytime Phone #

CRSE003 (10/02)