

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000001468**

1. Entity Name
TOUR D'OR LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 30 PM 3:37

Principal Place of Business
**3003 YAMATO ROAD C-1
BOCA RATON FL 33486**

Mailing Address
**3003 YAMATO ROAD C-1
BOCA RATON FL 33486**



2. Principal Place of Business
3700 S. Ocean Blvd

3. Mailing Address
SAME

Suite, Apt. #, etc.
#405

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
HIGHLAND BEACH

City & State

4. FEI Number **65-1044362**

Applied For

Not Applicable

Zip
FL 33487

Country
PALM

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

STEWART SEGLIN

20423 STATE RD-7, STE- 6290

BOCA RATON FL 33498

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. **\$5,000,000.00**

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SILVERTAND, JOHN
3003 YAMATO ROAD C-1
BOCA RATON FL**

STREET ADDRESS
CITY-ST-ZIP
**3700 S. OCEAN BLVD #405
HIGHLAND BEACH FL 33487**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
05/08/03--01044--013 **446.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
06/30/03--01018--006 **88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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: **John Silvertand**

4.25.03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)