

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001673

1. Entity Name
HARBOUR PLACE DEVELOPMENT, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 26 AM 11:15

Principal Place of Business
2930 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address
2930 BISCAYNE BLVD.
MIAMI FL 33137



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3679882

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

CHRISTENBURY, SHARON
C/O CRESCENT HEIGHTS
555 NE 15TH ST SECOND FLOOR
MIAMI FL 33132

Name
SHARON CHRISTENBURY, ESQ
Street Address (P.O. Box Number is Not Acceptable)
2930 BISCAYNE BOULEVARD
City MIAMI FL Zip Code 33137

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.

4/22/03
DATE

9. Capital Contributions
as Shown on record. \$1,901,350.79

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 # P00000102843
NAME HARBOUR PLACE INC
STREET ADDRESS 2930 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33137

STREET ADDRESS
CITY-ST-ZIP 05/06/03--01133--011 **150.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 06/26/03--01050--005 **376.25

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SHARON CHRISTENBURY, VP 4/22/03 315-374-5700

Date

Daytime Phone #

CR2E003 (10/02)

000948 AT