


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


0001792 AV

**DOCUMENT #** A00000001694

**1. Entity Name**  
CARLOS PROPERTIES, LTD.



FILED  
03 FEB -5 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
999 PONCE DE LEON BLVD., STE. 1000  
CORAL GABLES FL 33134

**Mailing Address**  
999 PONCE DE LEON BLVD., STE. 1000  
CORAL GABLES FL 33134

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY MAY 1, 2003**

**4. FEI Number** 65-1060399 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

CARLOS, THOMAS P  
C/O CARLOS WILLARD & FLANAGAN, P.A.  
999 PONCE DE LEON BLVD., SUITE 1000  
CORAL GABLES FL 33134

**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.** \$20,000,000.00

**10. Amount of Capital Contributions in FLORIDA to date.** \$3,812,000.00

**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 #	P00000103942
NAME	CARLOS PROPERTIES, INC.
STREET ADDRESS	999 PONCE DE LEON BLVD., SUITE 1000
CITY-ST-ZIP	CORAL GABLES FL 33134
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	
STREET ADDRESS	000011791420 02/04/03--01082--024 **526.25
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:** *Carlos Properties Inc by Thomas P. Carlos, Pres*  
*Carlos Properties Inc by Thomas P. Carlos Pres 1/8/03 305-4441500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **1/8/03** Daytime Phone # **305-4441500**

STAPLE CHECK HERE

CR2E003 (10/02)