

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003781 AF

**DOCUMENT #** A00000001783  
**1. Entity Name**  
 MIAMI GARDENS PARK VENTURE ONE, LTD.

**FILED**  
 01 MAR -6 AM 10:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business** 1000 BRICKELL AVENUE, SUITE 1200 MIAMI FL 33131  
**Mailing Address** 1000 BRICKELL AVENUE, SUITE 1200 MIAMI FL 33131

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

**4. FEI Number**  Applied For  Not Applicable  
**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 DAVIS, BILL G  
 1000 BRICKELL AVENUE, SUITE 1200  
 MIAMI FL 33131

**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.**  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**9. Capital Contributions as Shown on record.** \$1,000.00  
**10. Amount of Capital Contributions in FLORIDA to date.**  
**11. MAKE CHECK PAYABLE TO 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 STREET ADDRESS CITY-ST-ZIP	P16775 HAMMOND VENTURE, INC. 1000 BRICKELL AVENUE, SUITE 1200 MIAMI FL 33131
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13. ADDRESS CHANGES ONLY	
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CITY-ST-ZIP	
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**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:** *Bill G. Davis* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
 Date: 3/05/2001 Daytime Phone #: 305-553-1000

CR2E003 (11/00)