

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001870

1. Entity Name
NEW JERSEY PROFESSIONAL FOOTBALL LIMITED PARTNER
SHIP
LAS VEGAS PROFESSIONAL FOOTBALL LIMITED PARTNERSHIP



Principal Place of Business
200 SOUTH PALMER TERR
THIRD FLOOR
CARLSTADT NJ 07072

Mailing Address
200 S BISCAYNE BLVD
SUITE 3800
MIAMI FL 33131

FILED

03 MAR -5 PM 2: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
3790 South Paradise Road

3. Mailing Address
4000 Ponce de Leon Blvd.

Suite, Apt. #, etc.
Suite 140

Suite, Apt. #, etc.
Suite 700

DUE BY MAY 1, 2003

City & State
Las Vegas, NV

City & State
Coral Gables, FL

4. FEI Number 65-1063089

Applied For
Not Applicable

Zip
89109

Country
U.S.A.

Zip
33146

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

FERRARO, JAMES L
2001 S BISCAYNE BLVD
SUITE 3800
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Ferraro, James L.
Street Address (P.O. Box Number is Not Acceptable)
4000 Ponce de Leon Blvd.
Suite 700
City
Coral Gables FL Zip Code
33146

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 2/25/03

9. Capital Contributions
as Shown on record. \$3,750,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$3,750,000.00

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 # P00000112058
NAME NEW JERSEY PROFESSIONAL FOOTBALL, INC.
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 3800
CITY-ST-ZIP MIAMI FL 33131

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4000 Ponce de Leon Blvd., Suite 700
CITY-ST-ZIP Coral Gables, FL 33146

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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/25/03

(305) 375-0111

Date

Daytime Phone #

CR02003 10/02