

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000002017

1. Entity Name
CENTURY/MARSOL II, LTD.



03 APR -8 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
104010 S.W. 152ND TERRACE
MIAMI FL 33177

Mailing Address
104010 S.W. 152ND TERRACE
MIAMI FL 33177



2. Principal Place of Business
14020 SW 152 Terrace
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 770545
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Miami, Florida
Zip
33177
Country
USA

City & State
Miami, Florida
Zip
33177
Country
USA

4. FEI Number 65-1080519

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PENA, STEVEN M
7700 N. KENDALL DRIVE, SUITE 408
MIAMI FL 33156

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. \$900,000.00

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 # P99000077512
NAME CBG MANAGEMENT CORP.
STREET ADDRESS 7270 N.W. 12TH STREET, SUITE 410
CITY-ST-ZIP MIAMI FL 33126

STREET ADDRESS
CITY-ST-ZIP 900014100849
03/14/03--01104--014 **150.00

DOCUMENT # A00000002016
NAME MARSOL PARTNERS, LTD.
STREET ADDRESS 2901 S. BAYSHORE DRIVE, #7G
CITY-ST-ZIP MIAMI FL 33133

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

BK

STREET ADDRESS
CITY-ST-ZIP 900014100849
04/08/03 01004-018 **376.25

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/03 305-971-1770
Date Daytime Phone #

CR2E003 (10/02)