

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010969 AT

DOCUMENT # A00000002020



FILED
03 APR 30 AM 5: 36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Entity Name
TARZACH, LTD.

Principal Place of Business
**520 MIDDLE RIVER DRIVE
FT. LAUDERDALE FL 33304**

Mailing Address
**520 MIDDLE RIVER DRIVE
FT. LAUDERDALE FL 33304**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

4. FEI Number **65-1076083**

Applied For
Not Applicable

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

**GUTTER JOSEPH & RUFFIN, P.A.
100 WEST CYPRSS CREEK ROAD, SUITE 900
FT. LAUDERDALE FL 33309**

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. **\$2,500,000.00**

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 # **L00000015823**
NAME **DRDM SMITH, LLC**
STREET ADDRESS **520 MIDDLE RIVER DRIVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

STREET ADDRESS
CITY-ST-ZIP

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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: *Richard Smith* **4/25/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)