

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001290 AV

DOCUMENT # **A01000000142**

FILED

02 MAY 13 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Entity Name

VENICE PARTNERS, LTD.

Principal Place of Business

3225 AVIATION AVE.  
SUITE 700  
COCONUT GROVE FL 33133

Mailing Address

3225 AVIATION AVE.  
SUITE 700  
COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-1071404

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLINTON COMMUNITIES, L.L.C.  
3225 AVIATION AVE.  
SUITE 700  
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name *C/O Housing Trust Group*  
Street Address (P.O. Box Number is Not Acceptable)  
*3225 AVIATION AVE SUITE 700*  
City *Coconut Grove* FL Zip Code *33133*

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$3,407,207.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	VENICE PARTNERS JOINT VENTURE	3225 AVIATION AVE.	COCONUT GROVE FL 33133

STREET ADDRESS	CITY-ST-ZIP
000005502250--3	-05/10/02--01031--006
	****576.25 ****526.25

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:

*Stewart Marcus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02

Date

(305) 860-8188

Daytime Phone #

CR2E003 (9/01)