

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000443

1. Entity Name  
1506 ACQUALINA PARTNERS, LTD.

FILED

03 APR 10 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
1250 EAST HALLANDALE BEACH BLVD., STE 902  
HALLANDALE BEACH FL 33009Mailing Address  
1250 EAST HALLANDALE BEACH BLVD., STE 902  
HALLANDALE BEACH FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City &amp; State

City &amp; State

4. FEI Number 75-3027475

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

7. Name and Address of New Registered Agent

MARBIN, EVAN R ESQ  
48 EAST FLAGLER ST., STE. PH-104  
MIAMI FL 33131

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

DATE \_\_\_\_\_

9. Capital Contributions  
as Shown on record. \$250,000.0010. Amount of Capital Contributions  
in FLORIDA to date. 250,00011. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 # L01000002287  
NAME DST 1506, L.L.C.  
STREET ADDRESS 1250 EAST HALLANDALE BEACH BLVD., STE 902  
CITY-ST-ZIP HALLANDALE BEACH FL 33009

STREET ADDRESS

CITY-ST-ZIP

SUITE 1008

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000015649390

04/10/03 01073-003 \*\*528.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

M THOMAS

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: Dr. [Signature] SIGNATURE REQUIRED 4-9-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #