

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0100000615



1. Entity Name
ISKANDARANI FAMILY PARTNERSHIP, LTD.

Principal Place of Business
85 N.W. 168TH STREET, SUITE A
NORTH MIAMI BEACH FL 33169

Mailing Address
16041 W. TROON CIRCLE
MIAMI LAKES FL 33014

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



City & State	City & State	4. FEI Number 65-1088194	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ISKANDARANI, MARWAN
85 N.W. 168TH STREET, SUITE A
NORTH MIAMI BEACH FL 33169

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. \$1,980,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	PO1000044997 ISKANDARANI FAMILY CORPORATION 85 N.W. 168TH STREET, SUITE A NORTH MIAMI BEACH FL 33169	STREET ADDRESS CITY-ST-ZIP	16041 West Troon Circle Miami Lakes, FL 33014
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AT

CR2E003 14/03

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

8/10/03 3-5-558-1217

Daytime Phone #