

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A01000000753**

1. Entity Name  
**MARI DON REALTY, LTD.**



Principal Place of Business  
**301 YAMATO ROAD, SUITE 3101  
BOCA RATON FL 33431**

Mailing Address  
**301 YAMATO ROAD, SUITE 3101  
BOCA RATON FL 33431**

**FILED**  
**03 SEP 29 AM 10:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY SEPTEMBER 24, 2003**

4. FEI Number **APPLIED FOR**  
**65-1109002**

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

**JAFFEY, DONALD H  
301 YAMATO ROAD, SUITE 3101  
BOCA RATON FL 33431**

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.

**\$100.00**

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 # **L01000008725**  
NAME **MARI DON REALTY LC**  
STREET ADDRESS **301 YAMATO ROAD, SUITE 3101**  
CITY-ST-ZIP **BOCA RATON FL 33431**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800022702648**  
**09/02/03--01067--004 \*\*52.50**

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800022702648**  
**10/09/03--01070--025 \*\*108.75**

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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 220, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**Donald H. Jaffey 8/28/03 302-792-2737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/03)