

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002754
AV

DOCUMENT # A01000000848

1. Entity Name
SABRE EL, LTD.



FILED
03 APR 29 PM 12:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
300 S.E. 2ND STREET
ATTN: PATRICIA JONES
FT. LAUDERDALE FL 33301

Mailing Address
300 S.E. 2ND STREET
ATTN: PATRICIA JONES
FT. LAUDERDALE FL 33301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 90-0002993

Applied For

Not Applicable

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

JONES, PATRICIA
300 S.E. 2ND STREET
FT. LAUDERDALE FL 33301

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. \$1,600,000.00

10. Amount of Capital Contributions
in FLORIDA to date \$1,313,894.23

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 # P01000043551
NAME SABRE ELL, INC.
STREET ADDRESS 300 S.E. 2ND STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33301

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600017319206

04/29/03--01075--017 **526.25

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

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 REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/03

Date

954-627-9300

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE