

2002 UNIFORM BUSINESS REPORT (UBR)

192

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AT

DOCUMENT # A0100000885
1. Entity Name

247 23RD STREET LIMITED PARTNERSHIP

FILED

02 SEP 23 AM 10:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business: 247 23RD STREET MIAMI BEACH FL 33137
Mailing Address: 247 23RD STREET MIAMI BEACH FL 33137



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number: 65-1118990
Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DUE BY SEPTEMBER 25, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

9. Capital Contributions as Shown on record. **\$50,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **162,119**

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	
DOCUMENT #	P01000066008
NAME	247 23RD STREET, INC.
STREET ADDRESS	247 23RD STREET
CITY-ST-ZIP	MIAMI BEACH FL 33137
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900007987039--1
CITY-ST-ZIP	09/24/02--01056--008 *****526.25 *****526.25
STREET ADDRESS	
CITY-ST-ZIP	FF B 526.25
STREET ADDRESS	
CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/17/02
Date: _____ Daytime Phone #: _____

CR2E003 (4/02)

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247 23rd Street, L.P
1445 Washington Avenue
Miami Beach, FL 33139

September 5, 2002

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

We are writing to submit our Limited Partnership Uniform Business Report and request that the \$400 penalty for failure to file a timely report be waived for 247 23rd Street, L.P. The preprinted form was never received. Enclosed, please find a copy of our Uniform Business Report for filing.

Thank you in advance for your consideration.

Sincerely,


Kenneth R. Barilich