

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 MAR 18 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001022

1. Entity Name
1101 BRICKELL PLAZA, LTD.



Principal Place of Business
C/O SISLER REALTY GROUP, INC.
2600 DOUGLAS ROAD, SUITE 901
CORAL GABLES FL 33134

Mailing Address
C/O SISLER REALTY GROUP, INC.
2600 DOUGLAS ROAD, SUITE 901
CORAL GABLES FL 33134



2. Principal Place of Business
1000 NW 15th DR
Suite, Apt. #, etc.

3. Mailing Address
2600 Douglas Rd
Suite, Apt. #, etc.
901

DUE BY MAY 1, 2003

City & State
Miami FL
Zip
33169
Country
Dade

City & State
Coral Gables
Zip
FL
Country
33134

4. FEI Number 59-2022680

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SISLER, GARY
2600 DOUGLAS ROAD, SUITE 901
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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 *Gary Sisler*
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$10,000

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
SISLER, GARY
2600 DOUGLAS ROAD, SUITE 901
CORAL GABLES FL 33134

STREET ADDRESS
CITY-ST-ZIP
600011158016
01/29/03-01007-036 **158.75

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP
600011158016
03/18/03-01038-003 **158.75

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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 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0001621 AV