

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009419 AT

DOCUMENT # A01000001084

1. Entity Name
ANNCON PROPERTIES, LTD.



FILED

03 APR 22 - PM 2:03

Principal Place of Business
13165 N. W. 45TH AVENUE
OPA LOCKA FL 33054

Mailing Address
13165 N. W. 45TH AVENUE
HIALEAH FL 33013 ←
incorrect

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
13165 NW 45 AVE
Suite, Apt. #, etc.

City & State
OPA LOCKA FL

Zip
33054

DUE BY MAY 1, 2003

4. FEI Number **65-1133106** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, PAUL H
1840 WEST 49TH STREET
SUITE 410
HIALEAH FL 33012

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

9. Capital Contributions as Shown on record. **\$35,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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 #	639708
NAME	ANNOUNCEMENT CONVERTERS, INC.
STREET ADDRESS	13165 N.W. 45TH AVENUE
CITY-ST-ZIP	OPA LOCKA FL 33054
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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

400016660864
04/22/03 01835 015 **342.50

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/03 **305-685-8090**
Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE