

2002 UNIFORM BUSINESS REPORT (UBR)

0001196 AV

DOCUMENT # A01000001234

1. Entity Name
REPARTNERS DAVIE LP

FILED

02 APR 29 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3250 MARY STREET SUITE 404
COCONUT GROVE FL 33133

Mailing Address
3250 MARY STREET SUITE 404
COCONUT GROVE FL 33133



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

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

4. FEI Number
APPLIED FOR

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

LAYSTROM, WILLIAM
1177 SOUTHEAST 3RD AVE.
DUMAR, ALLSWORTH, CURTOS, CROSS, LAYSTROM
FT. LAUDERDALE FL 33316

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.

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

DATE

9. Capital Contributions as Shown on record. \$200,000.00

10. Amount of Capital Contributions in FLORIDA to date. 140,784

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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000088820	STREET ADDRESS	BK	
NAME	REPARTNERS DAVIE GP INC.	CITY-ST-ZIP		
STREET ADDRESS	3250 MARY STREET SUITE 404	STREET ADDRESS	000005502090--3	
CITY-ST-ZIP	COCONUT GROVE FL 33133	CITY-ST-ZIP		
DOCUMENT #		STREET ADDRESS	-05/10/02--01027--018	
NAME		CITY-ST-ZIP		
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STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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

4-24-02 305-441-2911

Date Daytime Phone #

CR2E003 (9/01)