


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000963 AV

DOCUMENT # A01000001283

1. Entity Name
OFFICE 163RD LTD.



FILED
03 APR 29 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
~~3440 HOLLYWOOD BLVD.~~
~~SUITE 060~~
~~HOLLYWOOD FL 33021~~

Mailing Address
~~3440 HOLLYWOOD BLVD.~~
~~SUITE 300~~
~~HOLLYWOOD FL 33021~~



2. Principal Place of Business
3533 NW 82ND AVE

3. Mailing Address

4. FEI Number 65-1141047

Applied For
 Not Applicable

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

City & State
MIAMI, FL

City & State

Zip 33122 Country

Zip Country

6. Name and Address of Current Registered Agent

~~ROTH, LEONARDO A ESQ.~~
~~3440 HOLLYWOOD BLVD.~~
~~SUITE 360~~
~~HOLLYWOOD FL 33021~~

7. Name and Address of New Registered Agent

Name OYLES, IDA C

Street Address (P.O. Box Number is Not Acceptable)
2307 DOUGLASS RD SUITE 400

City MIAMI FL Zip Code 33145

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 *Ida Oyles* DATE

9. Capital Contributions as Shown on record. \$1,400,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,400,000.00

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 #	RUBEN, ERNESTO ENRIQUE
NAME	3440 HOLLYWOOD BLVD.
STREET ADDRESS	HOLLYWOOD FL 33021
CITY-ST-ZIP	
DOCUMENT #	ARAUJO, ALEJANDRO
NAME	3440 HOLLYWOOD BLVD.
STREET ADDRESS	HOLLYWOOD FL 33021
CITY-ST-ZIP	
DOCUMENT #	OFFICE 163RD DEVELOPMENT, INC
NAME	3440 Hollywood Blvd.
STREET ADDRESS	Hollywood, FL 33021
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	700017232647
CITY-ST-ZIP	04/29/03--01017--030 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)