

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # A01416

1. Entity Name  
BCC APARTMENTS, LTD.



FILED

03 JAN 24 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
21160 S.W. 112TH AVENUE  
UNIT 108  
MIAMI FL 33189-0000

Mailing Address  
% LAMONT & NEIMAN, P.A.  
TWO S. BISCAYNE BLVD. SUITE 3550  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1386607

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMONT & NEIMAN, P.A.  
ONE BISCAYNE TOWER, #350  
TWO SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131

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

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

DATE

9. Capital Contributions  
as Shown on record.

\$25,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # G01345900044  
NAME BUD RICE REVOCABLE TRUST U/T/A DATED JULY  
STREET ADDRESS 21160 S.W. 112TH AVENUE  
CITY-ST-ZIP MIAMI FL 33189-0000

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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M THOMAS

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:

*Harvey I. Reisman, Trustee*

1-14<sup>03</sup> 305-895-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)