


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A02000000090

1. Entity Name  
**G & T OF SOUTH FLORIDA LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

W  
2/24

03 FEB 24 PM 3:22



Principal Place of Business  
2144 JOHNSON STREET  
HOLLYWOOD FL 33020

Mailing Address  
2144 JOHNSON STREET  
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number  Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COHN, ALAN B.**  
2021 TYLER STREET  
HOLLYWOOD FL 33020

**7. Name and Address of New Registered Agent**

Name: ~~XXXXXXXXXXXXXXXXXXXX~~

Street Address (P.O. Box Number is Not Acceptable): ~~XXXXXXXXXXXXXXXXXXXX~~

City: \_\_\_\_\_ State: **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. **\$50,000.00**

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 #                      | T & G OF SOUTH FLORIDA LLC |
| NAME                            | 2144 JOHNSON STREET        |
| STREET ADDRESS                  | HOLLYWOOD FL 33020         |
| CITY-ST-ZIP                     |                            |
| DOCUMENT #                      |                            |
| NAME                            |                            |
| STREET ADDRESS                  |                            |
| 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           |                               |
| CITY-ST-ZIP              |                               |
| STREET ADDRESS           | 000012324790                  |
| CITY-ST-ZIP              | 02/11/03--01089--001 **52.50  |
| STREET ADDRESS           |                               |
| CITY-ST-ZIP              |                               |
| STREET ADDRESS           | 000012324790                  |
| CITY-ST-ZIP              | 02/24/03--01050--018 **386.25 |
| 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 2-6-03 Daytime Phone #: 954-923-3677

CR2E003 (10/02)