

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012183 AT

DOCUMENT # A02000000217

1. Entity Name  
PRIME HOMES AT PORTOFINO ISLES, LTD.



Principal Place of Business  
21218 SAINT ANDREWS BLVD., #510  
BOCA RATON FL 33433

Mailing Address  
21218 SAINT ANDREWS BLVD., #510  
BOCA RATON FL 33433

FILED

03 MAY -9 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

08-0504567

Applied For

Not Applicable

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

GREENFIELD, STEVEN B ESQ.  
7000 WEST PALMETTO PARK ROAD  
SUITE 402  
BOCA RATON FL 33433

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.

\$0.00

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 # P02000017809  
NAME PORTOFINO ISLES BUILDERS, INC.  
STREET ADDRESS 21218 SAINT ANDREWS BLVD., #510  
CITY-ST-ZIP BOCA RATON FL 33433

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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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

4.23.2003

(954) 392-8700

Date

Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE