

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A02000000553**

1. Entity Name
**MIAMI BEACH VOA SENIOR HOUSING LIMITED PARTNERSH
IP**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -8 AM 8:53

Principal Place of Business
**7530 MARKET PLACE DRIVE
EDEN PRAIRIE MN 55344**

Mailing Address
**7530 MARKET PLACE DRIVE
EDEN PRAIRIE MN 55344**



2. Principal Place of Business
1660 Duke St.
Suite, Apt. #, etc.

3. Mailing Address
1660 Duke St.
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Alexandria VA

City & State
Alexandria VA

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
22314

Country

Zip
22314

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

\$4,570,000.00

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 # **F02000001798**
NAME **MIAMI BEACH VOA SENIO HOUSING INC.**
STREET ADDRESS **7530 MARKET PLACE DRIVE**
CITY-ST-ZIP **EDEN PRAIRIE MN 55344**

STREET ADDRESS **1660 Duke St.**
CITY-ST-ZIP **Alexandria VA 22314**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **06/05/03-01049--001--\$61.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **000021377680
06/05/03-01008--002 **465.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **000021377680
06/05/03-01049--001 **122.50**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/03

Date

703-341-5000

Daytime Phone #

CR2E003 (10/02)

0020043 MB

STAPLE CHECK HERE