

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003239 AV

DOCUMENT # A02000000587

1. Entity Name
ALVARADO INVESTORS LIMITED PARTNERSHIP



FILED

03 APR 30 PM 12:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**3801 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS FL 33410**

Mailing Address
**3801 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS FL 33410**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4/30

DUE BY MAY 1, 2003

4. FEI Number
02-0608214

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

REGSERV CORP.
3801 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. **\$990.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$990.00**

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 #	A02000000581
NAME	ALVARADO MEDICAL EQUITY INVESTORS LIMITED
STREET ADDRESS	3801 PGA BOULEVARD, SUITE 600
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
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~~04/30/03 01000 011 **141.25~~

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 OF SIGNING GENERAL PARTNER

Vice President

4/1/03

(561) 630-5255

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)