


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021136 FP

DOCUMENT # A02000000614

1. Entity Name
EK SANDAL GROVE PARTNERS, LTD.



FILED
03 MAY -7 PM 1:30

Principal Place of Business
**2665 SOUTH BAYSHORE DRIVE, PENTHOUSE IIA
MIAMI FL 33133**

Mailing Address
**2665 SOUTH BAYSHORE DRIVE, PENTHOUSE IIA
MIAMI FL 33133**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number Applied For Not Applicable

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

**EK SANDAL GROVE, INC.
2665 SOUTH BAYSHORE DRIVE, PENTHOUSE IIA
MIAMI FL 33133**

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. **\$1,000.00**

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 #	P02000032977
NAME	EK SANDAL GROVE, INC.
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, PENTHOUSE IIA
CITY-ST-ZIP	MIAMI FL 33133
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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**

4/30/03 (305) 854-5000
Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)