


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