

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002495 AV

DOCUMENT # A02000000663



1. Entity Name
SILVER CROSSING CENTER, LTD.

FILED

2003 APR 24 AM 10:31

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**20636 BISCAYNE BOULEVARD
AVENTURA FL 33180**

Mailing Address
**20636 BISCAYNE BOULEVARD
AVENTURA FL 33180**

2. Principal Place of Business

3. Mailing Address

20614 Biscayne Blvd.

20614 Biscayne Blvd.

Suite, Apt. #, etc.:

Suite, Apt. #, etc.:

DUE BY MAY 1, 2003

City & State

City & State

Aventura, FL

Aventura, FL

4. FEI Number

03-0447102

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

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

**HALBERSTEIN, DANIEL
20636 BISCAYNE BOULEVARD
AVENTURA FL 33180**

Name

Street Address (P.O. Box Number is Not Acceptable)

20614 Biscayne Blvd.

City

Aventura

FL

Zip Code

33180

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

[Handwritten Signature]

DATE

4/21/03

9. Capital Contributions as Shown on record.

\$500.00

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 # **P02000050647**
NAME **SILVER CROSSING CENTER, INC.**
STREET ADDRESS **20636 BISCAYNE BOULEVARD**
CITY-ST-ZIP **AVENTURA FL 33180**

STREET ADDRESS

20614 Biscayne Blvd.

CITY-ST-ZIP

Aventura, FL 33180

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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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 320, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/21/03 (305) 933-1060

CR2E003 (10/02)