## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## A0200000668 **DOCUMENT #**

Entity Name
 PRESERVE PARTNERS, LTD.



Principal Place of Business C/O SWERDLOW GROUP 900 HOLLYWOOD WAY HOLLYWOOD FL 33021-

Mailing Address C/O SWERDLOW GROUP 900 HOLLYWOOD WAY HOLLYWOOD FL-33021-

FILED 03 MAY -6 PM 1: 96 SECRETARY OF STATE TALLAHASSEE FLORIDA

M.IK



2. Principal Place of Business		3. Mailing Address			I I BOLDIO NEVI BOLIO LISTI BOLIO BELLI BOLIO BELLI BOLIO BLILO DI LIBI I LISTI ABBI		
18755. Biscayne. Blvd:		18755 Biscayne Blvd.			•		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003			
City & State Aventura, Florida		City & State Aventura, Florida		4. FEI Number APPLIED FOR		XX Applied For  Not Applicable	
Zip	Country	Zip	Coun	,			\$8.75 Additional
33180	USA	33180		USA			Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPDIRECT AGENTS				Name			
103 N. MERIDIAN	ST., LOWER LEVEL	8		Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL	. 32301	*			<u> </u>		
<i>i.</i>	•			City		Fl	Zip Code
<ol><li>The above named e the obligations of re</li></ol>		nt for the purpose of changi	ing its registere	d office or reg	stered agent, or both, in the State of Flo	rida. I am	familiar with, and accept

SIGNATURE

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

9. Capital Contributions \$30,000,000.00 as Shown on record.

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.

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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME	L02000010893 PRESERVE PARTNERS, LLC	STREET ADDRESS	18755 Biscayne Blvd.	
STREET ADDRESS CITY-ST-ZIP	300 HOLLYWOOD WAY-%SWERDLOW GROUP HOLLYWOOD FL 33021	CITY-ST-ZIP	Aventura, Florida 33180	
DOCUMENT <b>#</b> NAME	,	STREET ADDRESS		
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DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	·	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 employed to exempt the report as required by Chapter 620, Florida Statutes the receiver or trustee empow PRESER

meral partner

SIGNATURE: BY

March 20, 2003

Date

(954) 981-1000

Daytime Phone #