CR2E003 (10/02)

## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A02000000705 FILED DOCUMENT # CENTURY PARKING PARTNERS, LTD., LLLP 03 MAY -2 PM 7:51 MjK SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE FLORIDA 12000 BISCAYNE BLVD.. SUITE 502 12000 BISCAYNE BLVD., SUITE 502 MIAMI FL 33181 MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACK, BILL Street Address (P.O. Box Number is Not Acceptable) 12000 BISCAYNE BLVD., SUITE 502 4<u>000179</u>03404 MIAMI FL 33181 \*\*141.25 05/02/03--01074--004 City 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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$1,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P02000055060 DOCUMENT # STREET ADDRESS CENTURY PARKING GP, INC. NAME STREET ADDRESS 12000 BISCAYNE BLVD., SUITE 502 CITY-ST-ZIP **MIAMI FL 33181** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

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14. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CITY-ST-ZIP

4-29-03

Date

Daytime Phone #