

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000712

1. Entity Name
TORRE HOLDINGS, LLLP



Principal Place of Business
1106 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address
1106 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

FILED
03 JUL 11 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

1106 Ponce de Leon

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables

City & State

Zip

FL 33134

Country

USA

Zip

Country

4. FEI Number

01-0699930

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRE, AGUSTIN L
1106 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

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

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

DATE

9. Capital Contributions
as Shown on record.

\$750,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$750,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
TORRE, AGUSTIN L TRUSTEE
1106 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

800021474968

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DOCUMENT #
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STREET ADDRESS

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 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/03)

0000510 AT