

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000017 AT

DOCUMENT # A02000000752

1. Entity Name
1902 PENINSULA PARTNERS, LTD.



FILED

03 APR 10 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1250 EAST HALLANDALE BEACH BLVD., #902
HALLANDALE BEACH FL 33009

Mailing Address
1250 EAST HALLANDALE BEACH BLVD., #902
HALLANDALE BEACH FL 33009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1008

Suite, Apt. #, etc.

1008

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number

03-0463179

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOSKOVITZ, DANIEL ESQ.
48 EAST FLAGLER STREET, PH-104
MIAMI FL 33131

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.

\$200,000.00

10. Amount of Capital Contributions in FLORIDA to date.

200,000

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 # L02000012648
NAME 1902 MANAGEMENT, L.L.C.
STREET ADDRESS 1250 EAST HALLANDALE BEACH BLVD., #902
CITY-ST-ZIP HALLANDALE BEACH FL 33009

STREET ADDRESS

SUITE 1008

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

M THOMAS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-9-03

Date

Daytime Phone #

954-455-3005

CR2E003 (10/02)

START HERE CHECK HERE