

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001253

1. Entity Name  
CLIPPER BAY ASSOCIATES, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 15 AM 10:21

1/17

Principal Place of Business  
2121 PONCE DE LEON BLVD., PH  
CORAL GABLES FL 33134

Mailing Address  
2121 PONCE DE LEON BLVD., PH  
CORAL GABLES FL 33134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2003

## 6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST SECOND STREET, SUITE 3500  
MIAMI FL 33131

## 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.

\$1,000.00

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

DOCUMENT # L02000024271  
NAME CORNERSTONE CLIPPER BAY, L.L.C.  
STREET ADDRESS 2121 PONCE DE LEON BLVD., PH2  
CITY-ST-ZIP CORAL GABLES FL 33134

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0001655  
AV