CR2E003 (10/02)

## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # A0200001337

1. Entity Name
THE COURTYARDS AT FLAGLER VILLAGE 1 ASSOCIATES,
LTD ...



Principal Place of Business 418 NORTHEAST 5TH STREET FORT LAUDERDALE FL 33301

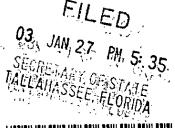
2. Principal Place of Business

SIGNATURE:

Mailing Address 418 NORTHEAST 5TH STREET FORT LAUDERDALE FL 33301

P. O. Box 030399

3. Mailing Address



Date

1



Suite, Apt. #, etc.  City & State			Suite,	Suite, Apt. #, etc.				DUE BY MAY 1, 2003				
			City &	City & State			4. FEI Number				Applied For	
				Fort Lauderdale, F							Not Applicable	
Zip Country		Zip				5. Certificate of	Status Desired		<b>8.75</b> ee Requ	Additional aired		
<del></del>	6 Name	and Address of Current			USA	<del></del>	7. Name and A	ddress of New R	legistered Ag	ent		
	o. Ivanie	and Address of Carrent			Name	9				•		
REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST SECOND STREET STE. 3500						Street Address (P.O. Box Number is Not Acceptable)						
						Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33131												
					City				FL	Zip C		
8. The above the obligati	named entitions of regis	y submits this statement for tered agent.	or the purpo	se of changing its r	registered office	or regist	tered agent, or both,	, in the State of Flo	orida. I am fa	miliar wi	ith, and accept	
SIGNATURE -	Cincel ve hance	or printed name of registered agent	and title if applic	cable.		<u> </u>			DATE			
Capital Contributions     as Shown on record.     \$1,000.00				Amount of Capital Contributions in FLORIDA to date.			· · · · · · · · · · · · · · · · · · ·	11. MAKE CHEC SEE REVER	K PAYABLE T SE SIDE FOR	O FL. D FEE INF	EPT. OF STATE ORMATION	
as Showing		GENERAL PARTNER	THAT IS A	BUSINESS EN	TITY MUST E	E REGI	STERED AND AC	CTIVE WITH TH to change a g	IIS OFFICE. eneral part	ner.		
12.	NOTE: General Partners MAY NOT be changed on the 1						ADDRESS CHANGES ONLY					
	DOCHMENT 4					ė.	<del></del> -					
NAME	ME THE COURTYARD AT=FLAGLER VILLAGE I, LLC					STREET ADDRESS						
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STREET ADDRESS					CITY-ST-ZIP		·					
14. I hereby	certify that t d on this rep iver or truste	he information supplied w oft is true and accurace ar e empowered to exacute	ith his filing nd that my si this report a	does not qualify fo gnature shall have s required by Chap	or the exemption the same legal oter 620, Florida	stated in effect as Statutes	n Section 119.07(3)( if made under oath	i), Florida Statutes ; that I am a Gene	s. I further cer eral Partner of	tify that the limit	the information ted partnership o	