

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0042818 AV

DOCUMENT # A02000001339
 1. Entity Name
THE COURTYARDS AT FLAGLER VILLAGE COMMERCIAL 1 ASSOCIATES, LTD.



FILED
 03 JAN 10 AM 11:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

Mailing Address
**418 NORTHEAST 5TH STREET
 FORT LAUDERDALE FL 33301**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2003

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

9. Capital Contributions as Shown on record. **\$0.00**

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 # | L02000026387 |
| NAME | THE COURTYARDS AT FLAGLER COMMERCIAL 1, LLC |
| STREET ADDRESS | 418 NORTHEAST 5TH STREET |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|-----------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | M THOMAS |
| CITY-ST-ZIP | |

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~~01/10/03 01078 008 **141.25~~

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: *M Thomas* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/3/03

954 523 4050

Date Daytime Phone #

CR2E003 (10/02)