

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000661 AT

DOCUMENT # A02000001365

1. Entity Name  
THE ROWELL FAMILY LIMITED PARTNERSHIP



FILED

03 JUL 17 PM 12:59

Principal Place of Business  
220 ALHAMBRA CIRCLE, FIFTH FLOOR  
CORAL GABLES FL 33134-5101

Mailing Address  
220 ALHAMBRA CIRCLE, FIFTH FLOOR  
CORAL GABLES FL 33134-5101

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 24, 2003

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

AXMAN, MICHAEL B  
2601 SOUTH BAYSHORE DRIVE, SUITE 1600  
MIAMI FL 33133

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. \$11,768,765.00

10. Amount of Capital Contributions  
in FLORIDA to date. 11,768,765

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 # P02000110196  
NAME ROWELL FAMILY CORP.  
STREET ADDRESS 220 ALHAMBRA CIRCLE, FIFTH FLOOR  
CITY-ST-ZIP CORAL GABLES FL 33134-5101

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

by ROWELL FAMILY CORP  
SIGNATURE REQUIRED DIRECTOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

6/9/03 305/426/5612

CR2E003 (4/03)