


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017190 AT

DOCUMENT # A02000001480		
1. Entity Name SKYLINE ON BRICKELL, LTD.		

FILED

03 JUN -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 605 NORTH LAKESHORE DRIVE, SUITE 216 CHICAGO IL 60611	Mailing Address 505 NORTH LAKESHORE DRIVE, SUITE 216 CHICAGO IL 60611
2. Principal Place of Business 1548 Brickell Ave.	3. Mailing Address SAME

Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami FL	City & State
Zip 33129	Country DADE

DUE BY MAY 1, 2003	
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
CFRA, LLC ONE HARBOUR PLACE, 5TH FLOOR 777 SOUTH HARBOUR BLVD. TAMPA FL 33602-5730	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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. \$10.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	SKYLINE ON BRICKELL MANAGER, LLC 505 NORTH LAKESHORE DRIVE, SUITE 216 CHICAGO IL 60611	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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06/04/03--01008--012 *400.00**

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]* **REQUIRED**
5/28/03 (305) 285-7272
95: Skyline on Brickell Manager, LLC
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE