

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001569

1. Entity Name
SWERDLOW BOCA NORTH MIAMI PARTNERS, LTD.



FILED
03 APR 25 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4651 SHERIDAN STREET, SUITE 200
HOLLYWOOD, FL 33021

Mailing Address
4651 SHERIDAN STREET, SUITE 200
HOLLYWOOD, FL 33021

2. Principal Place of Business
18755 Biscayne Blvd.
Suite, Apt. #, etc.

3. Mailing Address
18755 Biscayne Blvd.
Suite, Apt. #, etc.

City & State
Aventura, Florida

City & State
Aventura, Florida

Zip Country
33180 USA

Zip Country
33180 USA



DUE BY MAY 1, 2003

4. FEI Number
APPLIED FOR

XX Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STOTZER, THEODORE R
4651 SHERIDAN STREET, SUITE 200
HOLLYWOOD, FL 33021

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. -0-

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 # P02000125384
NAME SWERDLOW NORTH MIAMI PARTNERS GP, INC.
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 200
CITY-ST-ZIP HOLLYWOOD, FL 33021

13. ADDRESS CHANGES ONLY

STREET ADDRESS 18755 Biscayne Blvd.
CITY-ST-ZIP Aventura, Florida 33180

DOCUMENT #
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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

SWERDLOW BOCA NORTH MIAMI PARTNERS, LTD.
BY: SWERDLOW NORTH MIAMI PARTNERS GP, INC., its general partner

SIGNATURE: By:

Signature and typed or printed name of signing GENERAL PARTNER
Michael Swerdlow, Chairman

March 20, 2003

(954) 981-1000

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)