

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001576

1. Entity Name

PHEASANT RUN APTS. LS, LIMITED PARTNERSHIP



FILED

03 APR 10 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9200 South Dade Blvd

3. Mailing Address

9200 South Dade Blvd

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEL Number

56-2305248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Robert Spichman

Street Address (P.O. Box Number is Not Acceptable)

9200 South Dade Blvd

Suite 500

City

MIAMI

FL

Zip Code

33156

8. If 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

2/12/03

9. Capital Contributions as Shown on record.

\$1000

10. Amount of Capital Contributions in FLORIDA to date.

\$1000

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 # Pheasant Run Apts, Inc.
NAME c/o Robert Spichman
STREET ADDRESS 9200 South Dade Blvd Suite 500
CITY-ST-ZIP MIAMI, Florida 33156

STREET ADDRESS PHEASANT RUN APTS, Inc.
CITY-ST-ZIP Robert Spichman
9200 South Dade Blvd
Suite 500
MIAMI, FL 33156

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/12/03

305-670-9700

Date

Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE