

# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

2003

DOCUMENT # A02000001664

1. Entity Name

19TH AVENUE TOWNHOUSE PARTNERS, LTD.



**FILED**

03-APR 30 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
16415 Mizner Club Drive

3. Mailing Address  
16415 Mizner Club Drive

**DUE BY MAY 1**

City & State  
Delray Beach, Florida  
Zip  
33446

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Delray Beach, Florida  
Zip  
33446

4. FEI Number  
14-1863113

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
19th Avenue Townhouse Partners, Inc.  
Street Address (P.O. Box Number is Not Acceptable)

16415 Mizner Club Drive

City  
Delray Beach FL Zip Code  
33446

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. 7,500.00

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
19th Avenue Townhouse Partners, Inc.  
16415 Mizner Club Drive  
Delray Beach, Florida 33446

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
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: Richard R. Pfendler

Printed Name of General Partner

Date

Daytime Phone #

561 495-0309

CR2E003B (12/02)

STAPLE CHECK HERE