## UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

A02000001664

1. Entity Name

STAPLE CHECK HERE

19TH AVENUE TOWNHOUSE PARTNERS, LTD.



2003

## FILED

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	DO NOT WRITE	IN THIS S	PACE		SECRETARY TALLAHASSI	Orstale	
2. Principal Place of Business 3. Mailing Address 16.415 Migroom Club Prince 1.6415 Migroom Club Princ				_	DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc.  16415 Mizner Suite, Apt. #, etc.  Suite, Apt. #, etc.			r Club	Drive	DUE BY MA	NY 1	
City & State City & State			<del>-</del>	·	4. FEI Number	Applied For	
Delray Beach, Florida Delray Beach Zip Zip Zip				ida	14-1863113	Not Applicable	
33446	'		Country USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
					7. Name and Address of Current Regis	tered Agent	
	DO NOT WE		Nam 191 Stree	th Ave	P.O. Box Number is Not Acceptable)	ners, Inc.	
	IN THIS SPA	AGE	164	115 Mi	zner Club Drive		
			City	Dolra	v Beach	FL Zip Code	
	named entity submits this statement for ions of registered agent	the purpose of changing its	s registered offic	e or register	ed agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable.		·		DATE	
9. Capital Contributions as Shown on record. 7,500.00 10. Amount of Capital Contributions in FLORIDA to date				SEE REVERSE SIDE FOR FEE INFORMATION			
	A GENERAL PARTNER TH NOTE: General Partners MAY	IAT IS A BUSINESS EN 'NOT be changed on t	NTITY MUST B the form; an a	E REGIST	ERED AND ACTIVE WITH THIS OF t must be filed to change a genera	FICE. I partner.	
						an Calendar Commence States and Calendar Security	
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STREET ADDRESS	Partners, Inc. 16415 Mizner Club Drive						
CITY-ST-ZIP					100017608	171	
DOCUMENT <b>#</b> NAME	Delray Beach, Flo	orida 33446	STREET ADDRE	ss	<del>- 04/30/03</del> 01 <del>095</del> 016		
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I), Forida 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 L. Aw

561 495-0309

Daytime Phone #