

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -1 PM 4:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

A05917

1. Entity Name

COLLEGE PARK TOWERS, LTD., LLLP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7001 SW 61 AVE

3. Mailing Address

P.O. Box 432250

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

59-1797750

Applied For

Not Applicable

Zip

33143

Country

U.S.A

Zip

33143

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MURPHY, LINDA

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

7001 SW 61 AVE.

City

MIAMI

FL

Zip Code

33143

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.

SIGNATURE

Linda F. Murphy

Signature typed or printed name of registered agent and title (if applicable)

4-25-02

DATE

9. Capital Contributions
as Shown on record.

\$457,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

MURPHY, LINDA

STREET ADDRESS

7001 SW 61 AVE

CITY-ST-ZIP

MIAMI, FL. 33143

STREET ADDRESS

CITY-ST-ZIP

800005577389-0

-05/21/02-01062-017

****526.25 ****526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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

SIGNATURE:

Linda F. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02

DATE

(305) 266-5920

Daytime Phone #

STAPLE CHECK HERE

CR-2002 (12-01)