


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010349 AT

DOCUMENT # A07388

1. Entity Name
HIALEAH LAKES PLAZA 123, LTD.



FILED
2003 MAY -8 AM 9:06

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**C/O DAVID H. ZOBERG
8367 BIRD ROAD
MIAMI FL 33155**

Mailing Address
**C/O DAVID H. ZOBERG
8367 BIRD ROAD
MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2003

4. FEI Number **59-1909267**

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SHOOTING STAR ENTERPRISES, INC.
8367 BIRD RD.
MIAMI FL 33155

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$98,758.75**

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

13. ADDRESS CHANGES ONLY

| | |
|----------------|---------------------------------|
| DOCUMENT # | 610845 |
| NAME | SHOOTING STAR ENTERPRISE |
| STREET ADDRESS | 8367 BIRD RD. |
| CITY-ST-ZIP | MIAMI FL |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 900013552899 03/05/03--01068--015 #101 25 |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 900013552899 05/09/03--01044--013 **526 25 |
| CITY-ST-ZIP | |
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| 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: *[Signature]* **2/25/03 305-226-4080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE