

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001094 AV

**DOCUMENT #** A07724  
 1. Entity Name  
**BYRON FLAGLER, LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

4/4/03

03 APR -9 PM 1:03

Principal Place of Business  
 % BORIS ROSEN  
 150 SE 2ND AVENUE, SUITE #1200  
 MIAMI FL 33131

Mailing Address  
 % BORIS ROSEN  
 150 SE 2ND AVENUE, SUITE #1200  
 MIAMI FL 33131



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-1931343**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**MARBIN, EVAN R**  
**48 E FLAGLER STREET**  
**PH-104**  
**MIAMI FL 33131**

**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. **\$397,048.68**

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	<b>KOZOLCHYK, BENNY</b>
STREET ADDRESS	<b>2076 NE 121ST ROAD</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
DOCUMENT #	
NAME	<b>ROK, NATAN</b>
STREET ADDRESS	<b>20 SE 1 AVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>48 E. Flagler St. # 105</b>
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33131</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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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

4/7/03 305 377-1921

Date Daytime Phone #

CR2E003 (10/02)