




# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010184 AT

<b>DOCUMENT # A09800</b> 1. Entity Name <b>ARCH CREEK RUN, LTD.</b>				 <b>FILED</b> <b>03 MAR 28 AM 9:50</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>3191 CORAL WAY. #107</b> <b>MIAMI FL 33145</b>		Mailing Address <b>1172 S. DIXIE HIGHWAY. #369</b> <b>CORAL GABLES FL 33146</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2079881</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LUACES, JOAQUIN</b> <b>3191 CORAL WAY #107</b> <b>MIAMI FL 33145</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$7,500.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>ESTEVEZ, ANTHONY L.</b> <b>3191 CORAL WAY #107</b> <b>MIAMI FL 33145</b>		STREET ADDRESS  CITY-ST-ZIP	<b>600014844476</b> <b>03/27/03--01029--009 **141.25</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS  CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS  CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS  CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS  CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS  CITY-ST-ZIP		
DOCUMENT # NAME 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: 			3/24/03 (105) 529-8830		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

CR2E003 (10/02)

STAPLE CHECK HERE