

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # A11066

1. Entity Name  
BROADWAY ASSOCIATES, LTD.



03 JAN 29 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
800 W MORSE BLVD.  
SUITE 1  
WINTER PARK FL 32789

Mailing Address  
800 W MORSE BLVD.  
SUITE 1  
WINTER PARK FL 32789



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2127288

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

7. Name and Address of New Registered Agent

DOYLE, PATRICK W.  
800 WEST MORSE BLVD.  
SUITE-1  
WINTER PARK FL 32789

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. \$35,000.00

10. Amount of Capital Contributions in FLORIDA to date. 135,000

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 #  
NAME DOYLE, PATRICK W  
STREET ADDRESS 800 W. MORSE BLVD. #1  
CITY-ST-ZIP WINTER PARK FL

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME O'SHEA, JOHN T  
STREET ADDRESS 216 GREENVIEW LANE  
CITY-ST-ZIP PORT LUDLOW WA 98365

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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: PATRICK W. DOYLE 1/6/2003 407-644-9801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)