

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A12384**

1. Entity Name  
**FLORIDA-NEW SMYRNA, LTD.**



**FILED**  
**03 APR -2 AM 11:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



Principal Place of Business  
**550 POST OAK BLVD.**  
**SUITE 500**  
**HOUSTON TX 77027**

Mailing Address  
**550 POST OAK BLVD.**  
**SUITE 500**  
**HOUSTON TX 77027**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **76-0332891**

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

**CORPORATION INFORMATION SERVICES, INC.**  
**502 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$427,500.00**

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 # **F96000005309**  
NAME **NEW YORK EFA INC.**  
STREET ADDRESS **550 POST OAK BLVD., SUITE 500**  
CITY-ST-ZIP **HOUSTON TX 77027**

STREET ADDRESS

CITY-ST-ZIP

**500015031305**  
**04/01/03--01054--023 \*\*526.25**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/25/03**  
Date

**713-9600250**  
Daytime Phone #

0017552 AT

CR2E003 (10/02)