

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A14609**

1. Entity Name
CUTLERWOOD ASSOCIATES, LTD.



FILED

03 APR 30 AM 11:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**10960 SW 200 ST.
MIAMI FL 33189**

Mailing Address
**3850 HOLLYWOOD BLVD.
SUITE 400
HOLLYWOOD FL 33021**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2439660**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNFELD, ROBERT M
3850 HOLLYWOOD BLVD.
SUITE 400
HOLLYWOOD FL 33021**

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 **\$1,580,000.00**
as Shown on record

10. Amount of Capital Contributions
in FLORIDA to date **\$1,580,000.00**

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 # **A31043**
NAME **FLORIDA APARTMENT MANAGEMENT, LTD.**
STREET ADDRESS **3850 HOLLYWOOD BLVD., STE 400**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

STREET ADDRESS

CITY-ST-ZIP

300017593533
04/30/03--01088--010 **526.25

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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 REQUIRED

4/18/03

(954) 989-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robert M. Cornfeld, President Cambridge Asset Mgmt., Inc.

Date

Daytime Phone #

CR2E003 (10/02)