

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002090 AV

FILED

03 APR 25 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT #</b> <b>A15540</b> 1. Entity Name <b>GABLES VIEW, LTD.</b>	
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Principal Place of Business <b>2299 DOUGLAS ROAD, 4TH FLOOR</b> <b>MIAMI FL 33145</b>	Mailing Address <b>2299 DOUGLAS ROAD, 4TH FLOOR</b> <b>MIAMI FL 33145</b>
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2. Principal Place of Business	3. Mailing Address			<b>DUE BY MAY 1, 2003</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	4. FEI Number <b>59-2416743</b>	Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>FIRC MANAGEMENT INC</b> <b>2299 DOUGLAS ROAD, 4TH FLOOR</b> <b>MIAMI FL 33145</b>	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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. <b>\$400,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	651835	STREET ADDRESS	
NAME	FIRC MANAGEMENT INC.	CITY-ST-ZIP	
STREET ADDRESS	2299 DOUGLAS RD., 4TH FL		
CITY-ST-ZIP	MIAMI FL 33145		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			<b>200016990302</b> 04/25/03--01011--019 **1809.00
CITY-ST-ZIP			
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NAME		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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CF2E003 (10/02)

SAMPLE CHECK HERE