

2002 UNIFORM BUSINESS REPORT (UBR)

0002415 AV

DOCUMENT # A16975

1. Entity Name
FORTY-THIRD STREET PROPERTIES, LTD.

FILED
02 MAY 10 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business: **811 EAST LAS OLAS BOULEVARD FT. LAUDERDALE FL 33301**

Mailing Address: **811 EAST LAS OLAS BOULEVARD FT. LAUDERDALE FL 33301**

2. Principal Place of Business: Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country



DUE BY MAY 1, 2002

4. FEI Number: **59-2405951**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MEYER, CHARLES E.
811 EAST LAS OLAS BOULEVARD
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent
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.

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

9. Capital Contributions as Shown on record: **\$148,400.00**

10. Amount of Capital Contributions in FLORIDA to date: **0**

11. **MAKE CHECK PAYABLE TO 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MEYER, CHARLES E. 1500 S.E. 9TH STREET FT. LAUDERDALE FL
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	500005638325--5 -05/29/02--01060--013 ****141.25 ****141.25
STREET ADDRESS CITY-ST-ZIP	
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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: *Charles E Meyer* **SIGNATURE REQUIRED** *4300x*

DATE: _____ DAYTIME PHONE #: _____

CR2E003 (9/01)