


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011294 AT

DOCUMENT # A17405

1. Entity Name
SIGNATURE GARDENS LTD.



FILED
03 APR 30 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
12725 S.W. 122ND AVENUE
MIAMI FL 33186

Mailing Address
6900 STATE ROAD 84
DAVIE FL 33317



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

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

430

DUE BY MAY 1, 2003

4. FEI Number **59-2480157** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BERLIN, JEROME C.
12725 SW 122ND AVENUE
MIAMI FL 33186

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. 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. **\$3,200,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,200,000**

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 #	G10998	STREET ADDRESS	600017593686
NAME	DEUX MICHEL, INC.	CITY-ST-ZIP	04/30/03--01088--012 **526.25
STREET ADDRESS	12725 S.W. 122ND AVENUE		
CITY-ST-ZIP	MIAMI FL		
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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 GARDENS LTD. **4/29/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Date** **(954) 424-4000**

STAPLE CHECK HERE

CR2E003 (10/02)