

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A19975

1. Entity Name

12605 BISCAYNE PROPERTIES, LTD.



FILED

03 APR 30 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1011 SW 93 Terr

1011 SW 93 Terr 4/30

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

592710514

Applied For

Not Applicable

Zip

Country

33324 U.S.A.

Zip

Country

33324 U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

John Fuller

Street Address (P.O. Box Number is Not Acceptable)

1011 SW 93 Terr

City

Plantation

FL

Zip Code

33324

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

4-4-03

9. Capital Contributions as Shown on record.

1,400,000

10. Amount of Capital Contributions in FLORIDA to date.

1,400,000

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

DOCUMENT # A19916
NAME JFGD Associates, Ltd.
STREET ADDRESS 1011 SW 93 Terr
CITY-ST-ZIP Plantation, FL 33324

STREET ADDRESS

CITY-ST-ZIP

04/30/03 01088-003 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

700017588727
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

[Handwritten Signature] Co G/P

4/18/03 206-371-6200

CR2E003B (12/02)

STAPLE CHECK HERE