

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011270 AT

DOCUMENT # **A20685**

1. Entity Name  
**D & C - PORT ST. LUCIE LTD.**



**FILED**

03 MAR 18 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**C/O HALLIDAY GROUP REALTY MANAGEMENT, INC.  
1100 SOUTHEAST THIRD AVENUE, SECOND FLOOR  
FORT LAUDERDALE FL 33316-1110**

Mailing Address  
**C/O HALLIDAY GROUP REALTY MANAGEMENT, INC.  
1100 SOUTHEAST THIRD AVENUE, SECOND FLOOR  
FORT LAUDERDALE FL 33316-1110**

2. Principal Place of Business  
**C/o Halliday Group Realty  
Management, Inc.  
Suite, Apt. #, etc.  
1800 SE Tenth Ave., #300**

3. Mailing Address  
**C/o Halliday Group Realty  
Management, Inc.  
Suite, Apt. #, etc.  
1800 SE Tenth Ave., #300**

**DUE BY MAY 1, 2003**

City & State  
**Fort Lauderdale, FL**

City & State  
**Fort Lauderdale, FL**

4. FEI Number **59-2581257**

Applied For  
Not Applicable

Zip  
**33316**

Country  
**USA**

Zip  
**33316**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DWORS, ROBERT F  
1 SOUTH VICTORIA PARK ROAD  
FT. LAUDERDALE FL 33301**

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  
as Shown on record. **\$1,195,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DWORS, ROBERT F.  
1 SOUTH VICTORIA PARK ROAD  
FORT LAUDERDALE FL 33301**

STREET ADDRESS

CITY-ST-ZIP

**300014313183  
03/18/03--01028--008 \*\*535.00**

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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: *Robert F. Dwors* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*2-14-03*  
Date

(954) 767-0700  
Daytime Phone #

CR2E003 (10/02)