

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002746 AV

DOCUMENT # **A21708**

1. Entity Name
RAHN/ALEXANDRIA, LTD.



FILED

03 APR 16 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1000 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301**

Mailing Address
**1000 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301**

2. Principal Place of Business
1808 SE 7 ST

3. Mailing Address
PO BOX 460430

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Fort Laud FL

City & State
FT. Lauderdale FL

4. FEI Number **59-2657919**

Applied For

Not Applicable

Zip Country
33316 USA

Zip Country
33346-0430 USA

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

6. Name and Address of Current Registered Agent

**GARDINA, CAROL J
1000 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd
City **Plantation** FL **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.

**James A. Bordonaro
Assistant Secretary**

3-12-03

DATE

9. Capital Contributions as Shown on record. **\$4,950.00**

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

DOCUMENT # **H91862**
NAME **RAHN/ALEXANDRIA, INC.**
STREET ADDRESS **1000 E. BROWARD BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **1808 SE 7 ST**
CITY-ST-ZIP **FT LAUD FL 33316**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **600016119996**
CITY-ST-ZIP **04/16/03--01064--008 **141.25**

STREET ADDRESS
CITY-ST-ZIP

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: **John H. Anderson 4-10-03 954-524-5336**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)