


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00099228 AT

**DOCUMENT # A22022**

1. Entity Name  
**POINCIANA VILLAGE OF MIAMI, LTD.**



**FILED**  
2003 APR 22 PM 2:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
269 NW 7TH ST.  
MIAMI FL 33136

Mailing Address  
269 NW 7TH ST.  
MIAMI FL 33136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-2806166**

Applied For  
Not Applicable

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

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

**WEITZEL, TED H.**  
**269 NW 7TH STREET**  
**MIAMI FL 33136**

**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. **\$150,000.00**

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	
DOCUMENT #	<b>M16669</b>
NAME	<b>INDIAN RIVER INVESTMENTS OF MIAMI, INC.</b>
STREET ADDRESS	<b>269 NW 7TH ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33136</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000016663950</b>
CITY-ST-ZIP	<b>04/22/03--01046--003 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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**  **SIGNATURE REQUIRED** **Ted H. Weitzel** **4-15-03** **305-358-8030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)