

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000466 AT

DOCUMENT # A23513



FILED

03 JUL 16 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
COMMODORE RENTALS, LTD.

Principal Place of Business
3120 KIRK ST.
MIAMI FL 33133

Mailing Address
100 N. BISCAYNE BLVD., #3000
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State

City & State

4. FEI Number 59-2740508

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HEYDASCH, AXEL
100 NO. BISCAYNE BLVD., STE. 3000
MIAMI FL 33132

Name
HEYDASCH, Axel
Street Address (P.O. Box Number is Not Acceptable)
One SE 3rd Ave., Ste. 1860

City **Miami** FL Zip Code **33131**

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. **\$467,415.00**

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 # M40525
NAME COMMODORE INTERNATIONAL REALTY INC.
STREET ADDRESS 3120 KIRK ST.
CITY-ST-ZIP MIAMI FL 33133

STREET ADDRESS
CITY-ST-ZIP
400021587864
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Handwritten Signature: Axel Heydasch
Date: **July 16 '03**
Daytime Phone #: **(305) 558-2400**

CR2E003 (4/03)