

2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A24131

1. Entity Name
AZALEA PLAZA, LTD. LLLP



FILED

03 MAY -5 PM 7:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
3535 HIAWATHA AVE., SUITE 101
MIAMI FL 33133

Mailing Address
3535 HIAWATHA AVE., SUITE 101
MIAMI FL 33133



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-2766336

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

BELLAMY, ROBERT R
3535 HIAWATHA AVE.
MIAMI FL 33133

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. \$3,465,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$3,465,000.00

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 # F93000000556
NAME CAPE FEAR COMPANY
STREET ADDRESS ONE E. LIBERTY ST., #416
CITY-ST-ZIP RENO NV

STREET ADDRESS 200018005542
CITY-ST-ZIP 05/05/03--01053--003 **526.25

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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 R. Bellamy,
President of Cape Fear Company

4/24/03

305-856-5561

Date

Daytime Phone #

CR2E003 (10/02)

0001315 AV