

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001380 AV

DOCUMENT # **A24133**

1. Entity Name  
**TOWNHOUSE APARTMENTS, LTD. LLLP**



**FILED**

**03 MAY -5 PM 7:04**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**MMJH**



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.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **59-2767146**

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.  
CHATEAU ELIZABETH OFFICE, SUITE 101  
3535 HIAWATHA AVENUE  
MIAMI FL 33133-4077**

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. **\$1,500,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$1,500,000.00**

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 # **P14314**  
NAME **CHATEAU ELIZABETH, INC.**  
STREET ADDRESS **ONE E. LIBERTY ST., #416**  
CITY-ST-ZIP **RENO NV**

STREET ADDRESS

CITY-ST-ZIP

**100018005481**  
**05/05/03--01053--002 \*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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 **Robert R. Bellamy,**

**4/24/03**

**305-856-5561**

**President of Chateau Elizabeth, Inc.**

Date

Daytime Phone #

CR2E003 (10/02)

SIAPLE CHECK HERE