

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001707 AT

DOCUMENT # **A25269**



1. Entity Name
SAVAGE BOULEVARD ASSOCIATES, LTD.

FILED
03 APR 30 AM 5:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**319 MONROE DRIVE
W. PALM BEACH FL 33405**

Mailing Address
**319 MONROE DRIVE
W. PALM BEACH FL 33405**



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 **65-0030992**

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

**VEGOSEN, DEAN
515 N. FLAGLER DRIVE, 18TH FLOOR
18TH FLOOR
WEST PALM BEACH FL 33401**

Name

Abraham M. Mora

Street Address (P.O. Box Number is Not Acceptable)

777 S. Flagler Dr. West Tower, Suite 900

City

West Palm Beach

FL

Zip Code

33401

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

Abraham M. Mora

4/28/03

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **J03139**
NAME **ELWILL SAVAGE, INC.**
STREET ADDRESS **319 MONROE DRIVE**
CITY-ST-ZIP **W. PALM BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

300017341413
04/30/03 01:00 012 **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:

SIGNATURE IN SLATES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Pro.

4/28/03 821 810 0021

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE