

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002166 AV

DOCUMENT # **A26349**

1. Entity Name
EASTRIDGE PARTNERS, LTD.



FILED
03 APR 30 AM 5:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**2828 CORAL WAY, PENTHOUSE SUITE
MIAMI FL 33145**

Mailing Address
**2828 CORAL WAY, PENTHOUSE SUITE
MIAMI FL 33145**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0016699**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE RELATED GROUP OF FLORIDA
ATTN: ANGEL HERNANDEZ
2828 CORAL WAY, PENTHOUSE SUITE
MIAMI FL 33145**

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 **\$3,753,441.00**
as Shown on record.

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 # **P96000067128**
NAME **RELATED CAPRI HOUSING, INC.**
STREET ADDRESS **2828 CORAL WAY, PENTHOUSE SUITE**
CITY-ST-ZIP **MIAMI FL 33145**

STREET ADDRESS

400017543464
04/30/03--01022--006 **535.00

CITY-ST-ZIP

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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 REQUIRED
ANGEL HERNANDEZ
VICE-PRESIDENT

Date: **4/1/03** Daytime Phone #

CR2E003 (10/02)