

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A26360**

1. Entity Name  
**UNITED TRUST FUND LIMITED PARTNERSHIP**



**FILED**  
03 MAR 14 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 701 BRICKELL AVE. SUITE 1300 MIAMI FL 33131	Mailing Address 701 BRICKELL AVE. SUITE 1300 MIAMI FL 33131
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2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0046462</b>	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  UNITED TRUST FUND, INC. 701 BRICKELL AVE STE 1300 MIAMI FL 33131	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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. <b>\$1,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	527202	STREET ADDRESS	
NAME	UNITED TRUST FUND, INC.	CITY-ST-ZIP	
STREET ADDRESS	701 BRICKELL AVE., #1300		
CITY-ST-ZIP	MIAMI FL		<b>800014100778</b>
DOCUMENT #		STREET ADDRESS	03/14/03--01104--012 **526.25
NAME		CITY-ST-ZIP	
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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: *Lillian Berkenis* **Lillian Berkenis** 2/5/03 305-387-7711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)