

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012136 AT

DOCUMENT # **A26536**

1. Entity Name  
**STIRLING ROAD PLAZA, LTD.**



Principal Place of Business  
**%KONOVER & ASSOCIATES SOUTH LLC**  
**7000 W. PALMETTO PARK RD., #408**  
**BOCA RATON FL 33433**

Mailing Address  
**%KONOVER & ASSOCIATES SOUTH LLC**  
**7000 W. PALMETTO PARK RD., #408**  
**BOCA RATON FL 33433**

FILED

03 APR 11 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **65-0110296**

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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. **\$792,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$792,000.00**

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 # **K09797**  
NAME **FLORIDA K-FIVE CORP.**  
STREET ADDRESS **9822 NE 2ND AVE #1 & 2**  
CITY-ST-ZIP **MIAMI SHORES FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**4000015743224**

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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

**Florida K-Five Corporation, its General Partner**

SIGNATURE: *Kristen M. Mirrione* by: **Kristen M. Mirrione, its Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **3/18/03** Daytime Phone # **561-394-4224**

CR2E003 (10/02)