2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A27157 1. Entity Name BIRD 107 PARTNERS, LTD., LLLP								
Principal Place of Business 10505 SW 128TH TERRACE MIAMI FL 33176		Mailing Address 10505 SW 128TH TERRACE MIAMI FL 33176		O3 JAN -8 PM 12: 05 SECRETARY OF STATE TABLE AHASSEE. FLORIDA				
2. Principal Place of Business		3. Mailing Address			1001/01/1/02/1/1/04/1/1/04/1/1/06/1/			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003				
City & State		City & State			1 05 00 6537		Applied For Not Applica	
Zip	Country	Zip	Country	-	5. Certificate of Status Desired		75 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
SCHWIM	MER, MARK		Na	me				
10505 SW 128TH TERRACE			Stre	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33176				800009952688 0/78/18-1009-100				
8. The above	e named entity submits this statement for	the purpose of changi	ing its registered offi		ed agent, or both in the State of Ele	FL	Zip Code	
ino odilga	mons or registered agent.	or a paragraph of an angle		oc or registere	o agent, or both, in the State of Fic	inda. Tam famili	ar with, and accep)
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable.	·	·	·	DATE		.
9. Capital Contributions as Shown on record. \$501,000.00 In FLORIDA to day			Capital Contribution A to date.					E
	A GENERAL PARTNER TO NOTE: General Partners MA	HAT IS A BUSINES Y NOT be changed	S ENTITY MUST on the form; an	BE REGISTI	FRED AND ACTIVE WITH THE	S OFFICE		-
12.	GENERAL PARTNER	INFORMATION	13.		ADDRESS CHA		·	
DOCUMENT # NAME STREET ADDRESS	G93189900015 SUNREAL BIRD 107 PARTNERS 10505 SW 128TH TERRACE MIAMI FL 33176		STREET ADDR	RESS				CR2E003 (10/02)
CITY-ST-ZIP			CITY-ST-ZIP					E003
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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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Da