

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0005924 AT

DOCUMENT # **A27224**

1. Entity Name  
**444 SEABREEZE BOULEVARD ASSOCIATES, LTD.**



**FILED**  
03 MAY -2 PM 7:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business  
**% LOEB PARTNERS REALTY & DEVELOPMENT CORP.  
444 SEABREEZE BLVD., SUITE 800  
DAYTONA BEACH FL 32118**

Mailing Address  
**444 SEABREEZE BLVD., STE. #100  
DAYTONA BEACH FL 32118**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-2925488**

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

**MR. CHARLES D. HOOD, JR. MONACO, SMITH,  
P.O. BOX 15200  
444 SEABREEZE BLVD. SUITE #900  
DAYTONA BEACH FL 32118**

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

**ALAN L. GORDON**

*(Signature)*  
DATE

9. Capital Contributions as Shown on record. **\$5,500,000.00**

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 # **834637**  
NAME **LOEB PARTNERS REALTY AND DEVELOPMENT CORP.**  
STREET ADDRESS **444 SEABREEZE BLVD. #100**  
CITY-ST-ZIP **DAYTONA BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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:

**SIGNATURE REQUIRED**

**ALAN L. GORDON**

*(Signature)*

**212 883 0360**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)