

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002681 AV

DOCUMENT # **A27413**

1. Entity Name
GARDENS OF MIAMI LIMITED PARTNERSHIP



FILED

2003 APR 21 PM 12:57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**16241 NW 48 AVE.
MIAMI FL 33014**

Mailing Address
**19355 NE 36TH CT.
TS-CD
AVENTURA FL 33180**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0093325**

Applied For
Not Applicable

Zip Country

Zip Country

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

**BESSO, MICHEL
19355 NE 36 CT
APT TS-CD
AVENTURA FL 33180**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions **\$975,000.00** 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 #	K18850
NAME	EQUINVEST CORP.
STREET ADDRESS	19355 NE 36TH CT., APT. TS-CD
CITY-ST-ZIP	AVENTURA FL 33180
DOCUMENT #	K42849
NAME	RESPRO INVESTMENT GROUP
STREET ADDRESS	141 NE 3RD AVE., 10TH FLOOR
CITY-ST-ZIP	MIAMI FL 33132
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: **SIGNATURE REQUIRED** *for Equinvest Corp General Partner* **4-16-03** **(305) 620-1851 x1234**

MICHEL BESSO Date Daytime Phone #

CR2E003 (10/02)