

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021145 FP

DOCUMENT # A28538



1. Entity Name
ESPANOLA WAY ASSOCIATES, LTD.

FILED

2003 JAN 27 PM 3:59

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



Principal Place of Business 523 MICHAGAN AVENUE MIAMI BEACH FL 33139	Mailing Address 523 MICHAGAN AVENUE MIAMI BEACH FL 33139
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DUE BY MAY 1, 2003

City & State	City & State
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4. FEI Number **65-0136747**

Applied For
Not Applicable

Zip	Country	Zip	Country
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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

**ROBINS, SCOTT
523 MICHAGAN AVENUE
MIAMI BEACH FL 33139**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

FL

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. **\$668,000.00**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
K91069	ESPANOLA WAY ASSOC., INC	523 MICHAGAN AVENUE	MIAMI BEACH FL 33139

200010972012
01/28/03--01009--021 **526.25

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 REOS [Signature] Robins 1/15/03 305-674-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)