

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001673 AV

DOCUMENT # A28621

1. Entity Name
AMERICAN EQUITIES LTD. NO 1



FILED

03 MAY -9 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**150 ALHAMBRA CIRCLE, SUITE 800
CORAL GABLES FL 33134**

Mailing Address
**150 ALHAMBRA CIRCLE, SUITE 800
CORAL GABLES FL 33134**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0517705**

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

**S & K PROPERTY MANAGEMENT, INC.
150 ALHAMBRA CIRCLE, SUITE 800
CORAL GABLES FL 33134**

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 as Shown on record. **\$495,000.00**

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 # **M97775**
NAME **ALLCONCEPT, INC.**
STREET ADDRESS **150 ALHAMBRA CIRCLE, SUITE 800**
CITY-ST-ZIP **CORAL GABLES FL 33134**

STREET ADDRESS
CITY-ST-ZIP **900018685399**
05/09/03--01097--024 **535.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* **SIGNATURE REQUIRED** *[Signature]* **4/24/03** **305 476-0955**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)