

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30079**

1. Entity Name
CATEXOR LIMITED PARTNERSHIP I



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 15 PM 5:39



Principal Place of Business
**2730 SW 3RD AVENUE
SUITE 800
MIAMI FL 33129**

Mailing Address
**2730 SW 3RD AVENUE
SUITE 800
MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **65-0190864**

Applied For

Not Applicable

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

**BRITT-MARIE WENNERSTROM
28 HARBOR POINT
KEY BISCAYNE FL 33149**

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.

400016221394
04/17/03--01078--006 **437.50

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$5,900,000.00

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 # **L49448**
NAME **CATEXOR, INC.**
STREET ADDRESS **28 HARBOR POINT**
CITY-ST-ZIP **KEY BISCAYNE FL**

STREET ADDRESS

CITY-ST-ZIP

400016221394
05/15/03--01035--007 **88.75

DOCUMENT #
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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

Stig Wennerstrom 04/11/03 305-856-850

Date

Daytime Phone #

CR2E003 (10/02)

000961 AT

STAPLE CHECK HERE