

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30835**

1. Entity Name
BISCAYNE HARBOUR SHOPPING CENTER ASSOCIATES, LTD



Principal Place of Business
**450 E LAS
FT. LAUD**

Mailing Address

**401 E LAS OLAS BLVD., SUITE 2200
FT. LAUDERDALE, FL 33301**

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 **65-0228949**

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

HORVITZ, DAVID W.

**401 E LAS OLAS BLVD., SUITE 2200
FT. LAUDERDALE, FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

100012034841

05/06/03--01031--019 **526.25

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

DATE

9. Capital Contributions
as Shown on record.

\$1,326,403.00

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 # **S07404**
NAME **BISCAYNE HARBOUR SHOPPING CENTER, INC.**
STREET ADDRESS **450 E LAS OLAS #900**
CITY-ST-ZIP **FT. LAUDERDALE FL**

STREET ADDRESS
401 E LAS OLAS BLVD., SUITE 2200
CITY-ST-ZIP
FT. LAUDERDALE, FL 33301

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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)(l), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

03 MAY -6 PM 1:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MIJH



CR2E003 (10/02)

0002809 AV