


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


0003786 AV

DOCUMENT # A31005

1. Entity Name
EAST-TOWN SHOPPING CENTER, LIMITED



FILED
03 MAR 26 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**850 N.E. 5TH AVENUE
BOCA RATON FL 33432**

Mailing Address
**850 N.E. 5TH AVENUE
BOCA RATON FL 33432**

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 **95-6420843**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MUIR, ROBERT C.
850 N.E. 5TH AVENUE
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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. **\$1,787,500.00**

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

DOCUMENT #	NAME	MUIR, ROBERT C.
STREET ADDRESS		850 N.E. 5TH AVENUE
CITY-ST-ZIP		BOCA RATON FL 33432
DOCUMENT #	NAME	
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #	NAME	
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DOCUMENT #	NAME	
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #	NAME	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200014769752
CITY-ST-ZIP	03/26/03--01069--005 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:  **3/17/03** **1361-302777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)

STARTLE CHECK HERE