

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31043**

1. Entity Name  
**FLORIDA APARTMENT MANAGEMENT, LTD.**



Principal Place of Business  
**3850 HOLLYWOOD BLVD., SUITE 400  
HOLLYWOOD FL 33021**

Mailing Address  
**3850 HOLLYWOOD BLVD., SUITE 400  
HOLLYWOOD FL 33021**

**FILED**

**03 APR 30 AM 10:13**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **65-0233570**

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

**CORNFELD, ROBERT M.  
3850 HOLLYWOOD BLVD  
SUITE 400  
HOLLYWOOD FL 33021**

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

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

DATE

9. Capital Contributions as Shown on record **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date **\$10,000.00**

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 # **S21712**  
NAME **CAMBRIDGE ASSET MGMT, INC**  
STREET ADDRESS **3850 HOLLYWOOD BL., #400**  
CITY-ST-ZIP **HOLLYWOOD FL**

STREET ADDRESS

CITY-ST-ZIP

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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**  
Robert M. Cornfeld, President

4/18/03

(954) 989-2200

Date

Daytime Phone #

CR2E003 (10/02)