

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31231**

1. Entity Name  
**VIA MIZNER ASSOCIATES LIMITED PARTNERSHIP**



Principal Place of Business  
**C/O ASTON DEVELOPMENT  
90 VIA MIZNER  
PALM BEACH FL 33480**

Mailing Address  
**C/O ASTON DEVELOPMENT  
90 VIA MIZNER  
PALM BEACH FL 33480**

**FILED**

**03 FEB 13 PM 1:10**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**45 VIA MIZNER**

**45 VIA MIZNER**

City & State

City & State

**PALM BEACH, FL**

**PALM BEACH, FL**

Zip

Country

Zip

Country

**33480 U.S.A.**

**33480 U.S.A.**

**DUE BY MAY 1, 2003**

4. FEI Number **65-0251030**

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

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.

**\$99.00**

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 # **P32965**  
NAME **VIA MIZNER OF WORTH AVE.**  
STREET ADDRESS **C/O 90 VIA MIZNER**  
CITY-ST-ZIP **PALM BEACH FL 33480**

STREET ADDRESS

**45 VIA MIZNER**

CITY-ST-ZIP

**PALM BEACH, FL 33480**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000012328000**  
**02/12/03--01003--015 \*\*141.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000012328000**  
**02/12/03--01003--015 \*\*141.50**

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

**VIA MIZNER ASSOC. LTD. P-SHIP.**  
**BY: VMWA, INC. GP**

**SIGNATURE: BY: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/14/03**

**501-655-6705**

Date

Daytime Phone #

CR2E003 (10/02)