

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31247

1. Entity Name  
NEW BERMOR ASSOCIATES, LTD.



Principal Place of Business  
6740 E. ROGERS CIR  
BOCA RATON FL 33487

Mailing Address  
6740 E. ROGERS CIR  
BOCA RATON FL 33487

FILED  
03 APR 29 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



2. Principal Place of Business		3. Mailing Address		4/29	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State		City & State		4. FEI Number	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MORTON, RICHARD KATZ BARROW SQUITORO & FAUST 2699 S BAYSHORE DR., #700A MIAMI FL 33133				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.	\$1,445,400.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	S20386	STREET ADDRESS	
NAME	BAYSHORE GEN. CORP.	CITY-ST-ZIP	200017231862
STREET ADDRESS	6740 E. ROGERS CIR		04/29/03--01017--019 **526.25
CITY-ST-ZIP	BOCA RATON FL 33487		
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/03 561 998-2006

Daytime Phone #