

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32397**

1. Entity Name
EL MERCADO ASSOCIATES, LTD.



FILED
03 APR -3 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1200 BRICKELL AVE., SUITE 1500
MIAMI FL 33131

Mailing Address
1200 BRICKELL AVE., SUITE 1500
MIAMI FL 33131



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0303358	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	
TERRANOVA CORPORATION, ATTN: LISHA MILLER 1200 BRICKELL AVENUE SUITE 1500 MIAMI FL 33131		Name Tony Fineman Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Avenue Suite 1500 City Miami FL Zip Code 33131	

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 DATE

9. Capital Contributions as Shown on record. \$1,500,000.00	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 #	V02300	STREET ADDRESS	
NAME	EL MERCADO, INC.	CITY-ST-ZIP	1200 Brickell Avenue, Suite 1500
STREET ADDRESS	1320 S. DIXIE HWY., SUITE 781		Miami, FL 33131
CITY-ST-ZIP	MIAMI FL		
DOCUMENT #		STREET ADDRESS	
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

0001107 AV

CR200 02

STAPLE CHECK HERE