

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

JUL 01 AM

DOCUMENT # A32892

1. Entity Name
SAN REMO HOLDINGS, LTD.



FILED
03 FEB 20 AM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2131 N.E. 202ND STREET N. MIAMI BEACH FL 33179	Mailing Address 2131 N.E. 202ND STREET N. MIAMI BEACH FL 33179
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003

4. FEI Number 65-0330857	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
KRAMER & ZUCKERMAN, P.A.
4000 HOLLYWOOD BLVD., SUITE 485 SOUTH
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. **\$9,900.00**

10. Amount of Capital Contributions in FLORIDA to date. **9,900**

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	BERMANN, BARBARA R
STREET ADDRESS		2131 N.E. 202ND STREET
CITY-ST-ZIP		N. MIAMI BEACH FL
DOCUMENT #	NAME	
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #	NAME	
STREET ADDRESS		
CITY-ST-ZIP		
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	600012707546
CITY-ST-ZIP	02/18/03--01069--007 **158.05
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **2/8/03** Daytime Phone #: **305 935 1440**

CR2E003 (10/02)