

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001882 AV

**DOCUMENT # A33498**



1. Entity Name  
**726 JEFFERSON LIMITED PARTNERSHIP**

FILED

03 MAR 31 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**1450 MERIDIAN AVE., SUITE 9  
MIAMI BEACH FL 33139**

Mailing Address  
**300 ALTON RD. #303  
MIAMI BEACH FL 33139**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

DUE BY MAY 1, 2003

4. FEI Number **36-3845144**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KEARNS, JOHN W  
431 GERONA AVENUE  
MIAMI BEACH FL 33146**

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.      **\$240,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 #	<b>CHRISTOPH, ROBERT W. 300 ALTON ROAD MIAMI BEACH FL 33139</b>
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	
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	100014954141
CITY-ST-ZIP	04/01/03--01003--012 **526.25
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]* **REQUIRED**      3/26/03      (305) 692-5588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE