

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A93000000159**



FILED

2003 APR 17 AM 9:06

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



**1. Entity Name**  
2301 SE 17TH ST., LTD.

**Principal Place of Business**  
2301 SE 17TH STREET  
FT. LAUDERDALE FL 33316

**Mailing Address**  
P.O. BOX 5025  
CORPORATE OFFICE  
BOCA RATON FL 33431

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

**4. FEI Number** 65-0407836

Applied For  
Not Applicable

Zip Country

Zip Country

**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**

**AMERICAN INFORMATION SERVICES, INC.**  
ONE S.E. THIRD AVENUE, 27TH FLOOR  
MIAMI FL 33131

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. **\$980,000.00**

**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**

**13. ADDRESS CHANGES ONLY**

**DOCUMENT #** L99000003836  
**NAME** P66, LLC  
**STREET ADDRESS** 501 E. CAMINO REAL  
**CITY-ST-ZIP** BOCA RATON FL 33432

**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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 (DOE RECORDED) MARY JO FINOCCHIAZZO 2/6/03 561-447-5300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STATE CHECK HERE