

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001868 AV

DOCUMENT # A93000000183

1. Entity Name
AZURE COAST DEVELOPMENT, LTD.



FILED

03 MAY -6 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
~~404 WASHINGTON AVE., SUITE 120~~
MIAMI BEACH FL 33139

Mailing Address
~~404 WASHINGTON AVE., SUITE 120~~
MIAMI BEACH FL 33139

2. Principal Place of Business
500 SOUTH POINTE DR

3. Mailing Address
500 SOUTH POINTE DR

Suite, Apt. #, etc.
220

Suite, Apt. #, etc.
220

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0402047**

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

HART, BRIAN A
16TH FLOOR
2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133-0000

Name

Street Address (P.O. Box Number is Not Acceptable)

1101 BRICKELL AVE

#1400

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

DATE

9. Capital Contributions
as Shown on record. **\$2,091,825.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$2,256,955**

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 # **P93000012410**
NAME **AZURE COAST, INC.**
STREET ADDRESS **404 WASHINGTON AVE., SUITE 120**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

STREET ADDRESS

CITY-ST-ZIP

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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

AZURE COAST, INC.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-30-03 305592 2519

Date

Daytime Phone #

CR2E003 (10/02)