

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000920**

1. Entity Name  
**MALLARDS LANDING TOWNHOMES AND VILLAS, LTD.**



APPROVED  
AND  
FILED

03 JAN 27 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4800 NORTH FEDERAL HWY.  
SANCTUARY CENTRE, STE. D-100  
BOCA RATON FL 33431**

Mailing Address  
**4800 NORTH FEDERAL HWY.  
SANCTUARY CENTRE, STE. D-100  
BOCA RATON FL 33431**



2. Principal Place of Business  
**120 E. PALMETTO PARK RD.**

3. Mailing Address  
**120 E. PALMETTO PARK RD.**

Suite, Apt. #, etc.  
**SUITE 100**

Suite, Apt. #, etc.  
**SUITE 100**

**DUE BY MAY 1, 2003**

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON, FL**

4. FEI Number **65-0457632**

Applied For  
Not Applicable

Zip Country  
**33432 USA**

Zip Country  
**33432 USA**

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

**LICHTMAN, JONATHAN J P.A.  
120 E PALMETTO PARK RD  
SUITE 100  
BOCA RATON FL 33432-0000**

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. **\$1,150,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$718,000.00**

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 # **P95000000276**  
NAME **ML APARTMENTS, INC.**  
STREET ADDRESS **10718 KIRKALDY LANE**  
CITY-ST-ZIP **BOCA RATON FL 33498**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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** 1/21/03 571 865 5101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date Daytime Phone #

00000666  
AV

CR2E003 (10/02)