


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002734  
AV

**DOCUMENT # A93000000992**

1. Entity Name  
**MARCELL GARDENS, LTD.**



**FILED**

03 JAN 21 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
ATTN: DANIEL ZABLUDOWSKI  
350 EAST LAS OLAS BLVD., SUITE 1250  
FT. LAUDERDALE FL 33301

Mailing Address  
ATTN: DANIEL ZABLUDOWSKI  
350 EAST LAS OLAS BLVD., SUITE 1250  
FT. LAUDERDALE FL 33301

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **22-3238589**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**ZABLUDOWSKI, DANIEL  
C/O LITOW, CUTLER & ZABLUDOWSKI  
350 EAST LAS OLAS BLVD., SUITE 1250  
FT. LAUDERDALE FL 33301**

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: **\$600,000.00**

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>P93000032907</b>
NAME	<b>FLORIDA REALTY HOLDING, INC.</b>
STREET ADDRESS	<b>15 ENGLE STREET, SUITE 100</b>
CITY-ST-ZIP	<b>ENGLEWOOD NJ 07631</b>
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	
CITY-ST-ZIP	<del>688818402496</del> 01/21/03--01106--012 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>M. THOMAS</b>
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]* **SIGNATURE REQUIRED** **1/23**

DATE: **1/21/03** DAYTIME PHONE: **201-816-1200**

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

CR2E003 (10/02)