

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003984  
AV

DOCUMENT # A93000001170

1. Entity Name  
BOUGANVILLAS APARTMENTS, LTD.



FILED

2003 MAR 26 AM 9:33

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
100 S. MILITARY TRAIL #19  
DEERFIELD BEACH FL 33442

Mailing Address  
100 S. MILITARY TRAIL #19  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

318 SOUTH POWERLINE RD.

3. Mailing Address

318 SOUTH POWERLINE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

4. FEI Number 65-0454618

Applied For

Not Applicable

Zip  
33442

Country  
US

Zip  
33442

Country  
US

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

6. Name and Address of Current Registered Agent

SUHANDRON KENNETH  
100 S. MILITARY TRAIL #19  
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name  
SUHANDRON, KENNETH  
Street Address (P.O. Box Number is Not Acceptable)  
318 SOUTH POWERLINE ROAD  
City  
DEERFIELD BEACH FL Zip Code  
33442

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

3/21/03  
DATE

9. Capital Contributions as Shown on record. \$1,300,000.00

10. Amount of Capital Contributions in FLORIDA to date. 250 000

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 # P93000077681  
NAME BARCHRI, INC.  
STREET ADDRESS 2000-BANKS ROAD, #222  
CITY-ST-ZIP MARGATE-FL-33063

13. ADDRESS CHANGES ONLY

STREET ADDRESS 318 SOUTH POWERLINE ROAD  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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: KENNETH SUHANDRON 3/21/03 9544282224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE