

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -9 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A9300001231

1. Entity Name
PASADENA AT THE LANDINGS, LTD.



Principal Place of Business
11801 PEMBROKE ROAD
PEMBROKE PINES, FL 33025

Mailing Address
11801 PEMBROKE ROAD
PEMBROKE PINES, FL 33025

2. Principal Place of Business
3350 Bridle Path Lane

3. Mailing Address
3350 Bridle Path Lane

Suite, Apt. #, etc.



DUE BY MAY 1, 2003

City & State
Weston, FL 33331

City & State
Weston, FL

4. FEI Number
65-0445870

Applied For
 Not Applicable

Zip
33331

Country

Zip
33331

Country

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

6. Name and Address of Current Registered Agent

**EHG RESIDENT AGENTS INC.
6100 TOWN CENTER CIRCLE, STE. 330
BOCA RATON, FL 33486**


7. Name and Address of New Registered Agent

Name **ROBERT B. MILLER**

Street Address (P.O. Box Number is Not Acceptable)
3350 BRIDLE PATH LANE

City **WESTON** FL Zip Code **33331**

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  **ROBERT B. MILLER** DATE **4/23/03**

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

9. Capital Contributions as Shown on record: **\$108,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

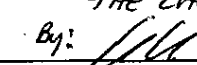
**11. MAKE CHECK PAYABLE TO FL DEPT OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	P93000077741
NAME	THE LANDINGS BY PASADENA, INC.
STREET ADDRESS	1000 NORTH HIATUS ROAD
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
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	700018681507 05/09/03--01089--021 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:  **ROBERT B. MILLER** DATE **4/23/03** DAYTIME PHONE # **954-384-1625**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CR2E003 (10/02)