

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

**FILED**

03 MAY -9 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800018680018  
05/09/03--01089--001 \*\*526.25



**DOCUMENT # A9400000026**

1. Entity Name  
**PASADENA AT PEMBROKE LAKES SOUTH, LTD.**



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

Mailing Address  
11801 PEMBROKE RD  
PEMBROKE PINES, FL 33025

2. Principal Place of Business  
3350 Bridle Path Lane  
Suite, Apt. #, etc.

3. Mailing Address  
3350 Bridle Path Lane  
Suite, Apt. #, etc.

City & State  
Weston, Fl

City & State  
Weston, FL

Zip 33331 Country

Zip 33331 Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0460829** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
EHG RESIDENTS 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 *[Signature]* **ROBERT B. MILLER** DATE **4/23/03**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000000346	STREET ADDRESS	
NAME	PASADENA AT PLS, INC.	CITY - ST - ZIP	
STREET ADDRESS	1000 N. HIATUS ROAD		
CITY - ST - ZIP	PEMBROKE PINES, FL 33026		
DOCUMENT #		STREET ADDRESS	
NAME		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)(l), 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.

**PASADENA AT PLS, INC**

SIGNATURE: *[Signature]* **ROBERT B. MILLER** *[Initials]* 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)