

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010487 AT

DOCUMENT # **A94000000815**

1. Entity Name  
**MEISTER FINANCIAL MORTGAGE INVESTMENT TRUST, LTD**



FILED

03 APR -2 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**801 NE 167TH ST., SECOND FLOOR  
N. MIAMI BEACH FL 33162**

Mailing Address  
**801 NE 167TH ST., SECOND FLOOR  
N. MIAMI BEACH FL 33162**

2. Principal Place of Business  
**1901 N.E. 188<sup>TH</sup> STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**1901 N.E. 188<sup>TH</sup> STREET**  
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
**MIAMI FL**  
Zip  
**33179**  
Country  
**U.S.A**

City & State  
**MIAMI FL**  
Zip  
**33179**  
Country  
**USA**

4. FEI Number **65-0536102**  
Applied For  
☐ Not Applicable

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

**MEISTER, STEVEN**  
**801 NE 167TH ST., SECOND FLOOR**  
**N. MIAMI BEACH FL 33162**

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

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

DATE

9. Capital Contributions  
as Shown on record. **\$8,931,865.90**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEISTER, STEVEN**  
**801 NE 167TH ST., SECOND FLOOR**  
**N. MIAMI BEACH FL 33162**

STREET ADDRESS  
CITY-ST-ZIP  
**1901 NE 188<sup>TH</sup> STREET**  
**MIAMI FL 33179**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/3/03

CR2E003 (10/02)

STAPLE CHECK HERE