

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000003**

1. Entity Name  
**TIVOLI ASSOCIATES, LTD.**



**FILED**  
03 JAN 15 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MAJH**

Principal Place of Business  
**945 MARINER DR.  
KEY BISCAYNE FL 33149**

Mailing Address  
**945 MARINER DR.  
KEY BISCAYNE FL 33149**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1/15

**DUE BY MAY 1, 2003**

4. FEI Number **65-0544149**

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

**KUPERSTEIN, STANLEY H  
1 S.E. 3RD AVE., 28TH FLOOR  
MIAMI FL 33131-1714**

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. **\$3,885,000.00**

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 #	
NAME	<b>FERRER, CONCEPCION</b>
STREET ADDRESS	<b>C/O 830 BRICKELL AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
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**400010135604**  
~~01/15/03-01079-007 \*\*526.25~~

CR2E003 (10/02)

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: Concepcion Ferrer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

12/30/02 (305)3615059  
Date Daytime Phone #