

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010217 AT

DOCUMENT # A95000000072



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

4/24

03 APR 18 PH 3: 37

1. Entity Name
G.B. RESIDENCES OF KEY BISCAZYNE, LTD.

Principal Place of Business
**430 GRAND BAY DRIVE. #1004
KEY BISCAZYNE FL 33149**

Mailing Address
**430 GRAND BAY DRIVE. #1004
KEY BISCAZYNE FL 33149**



2. Principal Place of Business
445 GRAND BAY DRIVE

3. Mailing Address
445 GRAND BAY DRIVE

Suite, Apt. #, etc.
PH-1B

Suite, Apt. #, etc.
PH-1B

DUE BY MAY 1, 2003

City & State
KEY BISCAZYNE, FL

City & State
KEY BISCAZYNE, FL

4. FEI Number **65-0554318**

Applied For
Not Applicable

Zip
33149

Country
USA

Zip
33149

Country
USA

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

**CI CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

9. Capital Contributions as Shown on record. **\$4,950,000.00**

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 #	P94000079780
NAME	MARGULIES-LOWE DEVELOPMENT CORP.
STREET ADDRESS	445 GRAND BAY DRIVE
CITY-ST-ZIP	KEY BISCAZYNE FL 33149
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	900016322999
CITY-ST-ZIP	04/19/03--01044--014 **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: **MARTIN Z. MARGULIES** 4/10/03 (305) 861-8911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E000 (10/02)

SAMPLE CHECK HERE