


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001495 AT

**DOCUMENT # A95000002018**

1. Entity Name  
**FLORIDA RESORT MANAGEMENT, LTD.**



**FILED**  
2003 APR 28 AM 11:13  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>1677 COLLINS AVENUE MIAMI FL 33139</b>	Mailing Address <b>C/O MILLER &amp; WEBNER, P.A. P.O. BOX 266947 WESTON FL 33326-6947</b>
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2. Principal Place of Business	3. Mailing Address	<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number <b>65-0649560</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MILLER, REBECCA M ESQ.  
C/O MILLER & WEBNER, P.A.  
2442 POINCIANA COURT  
WESTON FL 33327**

**7. Name and Address of New Registered Agent**

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. <b>\$9,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$22,900,000.00</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	<b>P95000096194</b>	STREET ADDRESS	
NAME	<b>FLORIDA RESORT, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1677 COLLINS AVENUE</b>		
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>		
DOCUMENT #		STREET ADDRESS	<b>900017215559</b>
NAME		CITY-ST-ZIP	<b>04/28/03--01122--010 **2276,25</b>
STREET ADDRESS			
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)(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:** *Hans-Joachim Krause* **SIGNATURE REQUIRED** **Hans-Joachim Krause, Pres. (954) 385-9030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **7/23/03** Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE