

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001405 AT

DOCUMENT # **A95000002037**

1. Entity Name
ROMAR GROUP, LTD.



FILED

2003 JAN 17 PM 12:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
%DANIEL A BARR. EA.
8220 STATE ROAD 84. #200
DAVIE FL 33324

Mailing Address
%DANIEL A BARR. EA.
8220 STATE ROAD 84. #200
DAVIE FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0628997**

Applied For
Not Applicable

Zip Country

Zip Country

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

DANIELS, NICHOLAS M
THERREL BAISDEN MEYER & WEISS
ONE SE THIRD AVE #2400
MIAMI FL 33131

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. **\$11,735,138.00**

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 #	P95000096874	STREET ADDRESS	
NAME	MURO, INC.	CITY-ST-ZIP	
STREET ADDRESS	8220 STATE ROAD 84, SUITE 200		
CITY-ST-ZIP	DAVIE FL 33324		
DOCUMENT #		STREET ADDRESS	600010201006
NAME		CITY-ST-ZIP	01/17/03--01006--009 **526.25
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **AS PRESIDENT OF CORP/ATE**
SIGNATURE REQUIRED GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)