

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001852 AV

DOCUMENT # A96000000889

1. Entity Name
COLONIAL SQUARE, LTD.



FILED

03 APR 29 AM 8:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
1655 DREXEL AVENUE, SUITE 209
MIAMI BEACH FL 33139

Mailing Address
1655 DREXEL AVENUE, SUITE 209
MIAMI BEACH FL 33139



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0666114

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

ROSENBERG, JEFFREY
1655 DREXEL AVENUE, SUITE 209
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

300017229009
04/29/03--01014--006 **535.00
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. \$855,752.00

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 # P96000037562
NAME COLONIAL SQUARE, INC.
STREET ADDRESS 1655 DREXEL AVENUE, SUITE 209
CITY-ST-ZIP MIAMI BEACH FL 33139

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)