

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -6 PH 1:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM

DOCUMENT # A96000001017

1. Entity Name  
W-THIRD AVENUE, LTD.



Principal Place of Business  
401 E Las Olas Blvd., Suite 2200  
Ft. Lauderdale, FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1 2003

4. FEI Number

65-0669647

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

HORVITZ, DAVID W

Name

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

401 E Las Olas Blvd., Suite 2200  
Ft. Lauderdale, FL 33301

000018034850  
05/06/03--01031--020 \*\*526.25

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. \$170,709.00

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.

DOCUMENT # P92000015038  
NAME W-THIRD AVENUE, IC.  
STREET ADDRESS 460 E. LAS OLAS #900  
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

STREET ADDRESS

401 E Las Olas Blvd., Suite 2200  
Ft. Lauderdale, FL 33301

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/03

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)