

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011373 AT

DOCUMENT # A96000001042



1. Entity Name
ARENA DEVELOPMENT COMPANY, LTD.

FILED

03 MAY -7 PM 4:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**ONE PANTHER PARKWAY
SUNRISE FL 33323**

Mailing Address
**ONE PANTHER PARKWAY
SUNRISE FL 33323**

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 **65-0683997** 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

**DUFFY, WILLIAM
ONE PANTHER PARKWAY
SUNRISE FL 33323**

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. **\$500.00** 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 #	P96000035493	STREET ADDRESS	400018315104 05/07/03--01003--011 **150.00
NAME	ARENA DEVELOPMENT COMPANY, INC.	CITY-ST-ZIP	
STREET ADDRESS	ONE PANTHER PARKWAY		
CITY-ST-ZIP	SUNRISE FL 33323		
DOCUMENT #		STREET ADDRESS	
NAME		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 RECOVERED Alan P. Cohen 4/28/03 (954) 315-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STARTLE CHECK HERE