


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009617 AT

DOCUMENT # A96000001375

1. Entity Name
SAMPLE 95 ASSOCIATES, LTD.



FILED

03 APR 22 PM 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2100 PARK CENTRAL BLVD. N. SUITE 900 POMPANO BEACH FL 33064	Mailing Address 2100 PARK CENTRAL BLVD. N. SUITE 900 POMPANO BEACH FL 33064
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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 65-0694434	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J
~~38 168 STREET NE~~ 88 N.E. 168 Street
NORTH MIAMI BEACH FL 33160

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. \$3,430,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P96000061336	STREET ADDRESS	
NAME	SAMPLE 95, INC.	CITY-ST-ZIP	
STREET ADDRESS	2100 PARK CENTRAL BLVD. N., #900		
CITY-ST-ZIP	POMPANO BEACH FL 33064		
DOCUMENT #		STREET ADDRESS	500016691215
NAME		CITY-ST-ZIP	04/22/03--01088--021 ***526.25
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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 provided by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 4.17.03 305.955175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)