

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002152

1. Entity Name  
ELIZABETH SOUTHSIDE LIMITED



Principal Place of Business  
528 HARDEE ROAD  
CORAL GABLES FL 33146

Mailing Address  
528 HARDEE ROAD  
CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APR-04-04  
AND  
FILED  
03 MAR -6 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0707801

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MURARO, ELIZABETH M  
528 HARDEE ROAD  
CORAL GABLES FL 33146

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$1,323,854.00 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 # NAME STREET ADDRESS CITY-ST-ZIP	ELIZABETH MORRISON MURARO, TRUSTEE 528 HARDEE ROAD CORAL GABLES FL 33146	STREET ADDRESS	
		CITY-ST-ZIP	

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		CITY-ST-ZIP	

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		CITY-ST-ZIP	

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		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: *Elizabeth Morrison Muraro*, Gen. Partner 3-3-03 305-661-8292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Elizabeth M. Muraro Date Daytime Phone #