

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010823 AT

DOCUMENT # A96000002497

1. Entity Name
PAWLIGER FAMILY LIMITED PARTNERSHIP



FILED
2003 APR 23 PM 12:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
12245 SW 132 CT.
MIAMI FL 33186

Mailing Address
12245 SW 132 CT.
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0715795

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PAWLIGER OPERATING PROPERTIES, INC.
8888 N.W. 77TH COURT
MIAMI FL 33186

Name

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

City Miami

FL

Zip Code 33186

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. \$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P96000102362
NAME PAWLIGER OPERATING PROPERTIES, INC.
STREET ADDRESS 12245 SW 132 COURT
CITY-ST-ZIP MIAMI FL 33186

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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:

Michael H. Pawliger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/23/03 786-249-1100
Date Daytime Phone #

CR2E003 (10/02)