

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010192 AT

DOCUMENT # **A97000000254**

1. Entity Name
SUGAR HILL APARTMENTS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 18 AM 8:27

we 4/18/03

Principal Place of Business
**8500 N.W. 25 AVENUE
MIAMI FL 33147**

Mailing Address
**8500 N.W. 25 AVENUE
MIAMI FL 33147**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

**WASHINGTON, LYNN C
% HOLLAND & KNIGHT
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33147**

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. **\$100.00**

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	714512 THE URBAN LEAGUE OF GREATER MIAMI, INC 8500 N.W. 25 AVENUE MIAMI FL 33147
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600016323266
CITY-ST-ZIP	04/18/03--01045--012 **158.75
STREET ADDRESS	
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/01/03

305/696-4450
Date Daytime Phone #

CR2E003 (10/02)