


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009822 AT

DOCUMENT # A97000000259

1. Entity Name
HOWARD PARK, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 14 PM 5:31
W2/17

Principal Place of Business
**1615 N.W. FIRST AVENUE
FLORIDA CITY FL 33034**

Mailing Address
**1615 N.W. FIRST AVENUE
FLORIDA CITY FL 33034**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

DUE BY MAY 1, 2003

4. FEI Number **65-0799747**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CLAYTON, LOVEY
1615 NW FIRST AVENUE
FLORIDA CITY FL 33034**

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. **\$710,361.00**

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	
DOCUMENT #	
NAME	CLAYTON, LOVEY
STREET ADDRESS	1615 NW FIRST AVENUE
CITY-ST-ZIP	FLORIDA CITY FL 33034
DOCUMENT #	
NAME	CLAYTON, DAVID
STREET ADDRESS	1615 NW FIRST AVENUE
CITY-ST-ZIP	FLORIDA CITY FL 33034
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700010082867
CITY-ST-ZIP	01/14/03--01070--013 **535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 required by Chapter 620, Florida Statutes

SIGNATURE: *Clayton Lovey Clayton* **01-11-03 305-248-2532**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)