

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010069
AT

DOCUMENT # A97000001095

1. Entity Name
900 W. 49TH STREET, LTD.

FILED

03 JAN 28 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
THE RICHARD BRANDON CO.
1501 SUNSET DR., 2ND FLOOR
CORAL GABLES FL 33143Mailing Address
THE RICHARD BRANDON CO.
1501 SUNSET DR., 2ND FLOOR
CORAL GABLES FL 33143

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 65-0758133

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

THE RICHARD BRANDON COMPANY
1501 SUNSET DR., 2ND FLOOR
CORAL GABLES FL 33143

Name

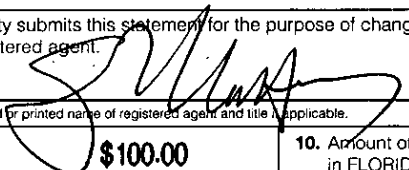
Street Address (P.O. Box Number is Not Acceptable)

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 1/16/03

9. Capital Contributions
as Shown on record. \$100.0010. 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 # P00000049003
NAME 900 MANAGEMENT CORP.
STREET ADDRESS 4960 S.W. 72ND AVE., #400
CITY-ST-ZIP MIAMI-FL 33155STREET ADDRESS 1501 Sunset Dr. #2nd Flr
CITY-ST-ZIP Coral Gables FL 33143DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER1/16/03 305 6621421
Date Daytime Phone #

CR2E003 (10/02)