

# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001698

1. Entity Name

THE EMERALD COAST EMPORIUM LIMITED PARTNERSHIP  
HIP



**FILED**  
03 APR 25 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2333 Brickell Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D-1

City & State

City & State

Miami, Florida 33129

Zip

Country

Zip

Country

4. FEI Number

65-0773167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Mary Ann Y. David

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

2333 Brickell Ave.

Suite D-1

City

Miami

FL

Zip Code

33129

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

*Mary Ann Y. David*

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

DATE

9. Capital Contributions  
as Shown on record.

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 # P97000059926  
NAME The Emerald Coast Emporium, Inc.  
STREET ADDRESS 2333 Brickell Ave., Suite D-1  
CITY-ST-ZIP Miami, FL 33129

STREET ADDRESS

CITY-ST-ZIP

500017168265  
04/25/03--01078--001 \*\*526.25

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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:

*Clifford D. Rosen*

Clifford D. Rosen

4/22/03

Date

(305) 859-4900

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003B (12/02)

STAPLE CHECK HERE