

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A97000002087**



FILED  
03 MAR 18 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**MELAMITE PROPERTIES, LTD.**

Principal Place of Business <b>1600 ROYAL PALM WAY BOCA RATON FL 33432</b>	Mailing Address <b>1600 ROYAL PALM WAY BOCA RATON FL 33432</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip	Country	Zip	Country
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**DUE BY MAY 1, 2003**

4. FEI Number **65-0788495**      Applied For  
Not Applicable

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

**ROSEMURGY, DEANNA  
1600 ROYAL PALM WAY  
BOCA RATON FL 33432**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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. <b>\$10,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>P97000077389</b>
NAME	<b>MELAMITE PROPERTIES, INC.</b>
STREET ADDRESS	<b>1600 ROYAL PALM WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>

STREET ADDRESS	
CITY-ST-ZIP	
<b>900014316689</b>	
<b>03/18/03--01036--021 **158.75</b>	

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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:** *Deanna Rosemurgy*      **DEANNA Rosemurgy**      3/12/03      561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE