


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010023 AT

DOCUMENT # A97000002388

1. Entity Name
A&R HOLLYWOOD, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

4/8

03 APR -2 AM 11:00

Principal Place of Business
**1-CASUARINA CONCOURSE-
CORAL GABLES FL 33143**

Mailing Address
**1 CASUARINA CONCOURSE
CORAL GABLES FL 33143**



2. Principal Place of Business
**2333 Ponce de Leon Blvd
Suite, Apt. #, etc. 600**

3. Mailing Address
**2333 Ponce de Leon Blvd
Suite, Apt. #, etc. 600**

DUE BY MAY 1, 2003

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

Zip
33034

Country
USA

Zip
33134

Country
USA

4. FEI Number **65-0796420**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HABER, LEWIS & PATHMAN, LLP
ONE BISCAYNE TOWER, SUITE 3660
2 SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

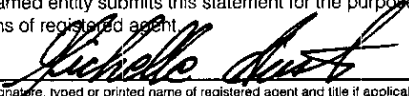
7. Name and Address of New Registered Agent

Name
MICHELLE AUSTIN

Street Address (P.O. Box Number is Not Acceptable)
**2333 Ponce de Leon
Suite # 600**

City
CORAL GABLES FL Zip Code **33034**

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  **MICHELLE AUSTIN** DATE **3-25-03**

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

9. Capital Contributions as Shown on record. **\$1,100,000.00**

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 #	P97000093726	STREET ADDRESS	
NAME	A&R HOLLYWOOD, INC.	CITY-ST-ZIP	
STREET ADDRESS	1 CASUARINA CONCOURSE		
CITY-ST-ZIP	CORAL GABLES FL 33143		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			200015178692 04/02/03--01059--007 **526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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:  **SIGNATURE REQUIRED** DATE **3-25-03** DAYTIME PHONE # **305-724-7690**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)