

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001694 AT

**DOCUMENT # A97000002446**



1. Entity Name  
**PLAZA DE FLORES OPERATIONS, LTD.**

Principal Place of Business  
**2 NORTH TAMiami TRAIL, SUITE 210  
SARASOTA FL 34236**

Mailing Address  
**2 NORTH TAMiami TRAIL, SUITE 210  
SARASOTA FL 34236**

*LA*  
*9/23*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 11 PM 3:15



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY SEPTEMBER 24, 2003**

City & State

4. FEI Number **65-0837194**  
Applied For  
 Not Applicable

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

**MESSICK, ROBERT E ESQ.  
ICARD, MERRILL, ET AL  
2033 MAIN ST., STE. 600  
SARASOTA FL 34237**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**100022988601**  
**09/11/03--01074--002 \*\*541.25**  
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. **\$1,000.00**

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	
DOCUMENT #	<b>P96000096346</b>
NAME	<b>PLAZA DE FLORES DEVELOPMENT CORP.</b>
STREET ADDRESS	<b>2 NORTH TAMiami TRAIL, SUITE 710</b>
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>
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	
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 629, Florida Statutes.

*SOL HOTEL FOR PLAZA DE FLORES DEVELOPMENT CORP.*

**SIGNATURE: SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **8/27/03** Daytime Phone # **416 222 1221**

STAPLE CHECK HERE

CR2E003 (4/03)