

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002663

1. Entity Name
DAYCO PROPERTIES, LTD.



Principal Place of Business
**848 BRICKELL AVE., SUITE 810
MIAMI, FL 33131**

Mailing Address
**848 BRICKELL AVE., SUITE 810
MIAMI, FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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 date if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$5,201,460.00**

10. Amount of Capital Contributions
in FLORIDA to date. **5,201,460.00**

**MAKES CHECK PAYABLE TO FLORIDA 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 # **P96000079928**
NAME **FALCON PROPERTIES, INC.**
STREET ADDRESS **848 BRICKELL AVE., SUITE 810**
CITY-ST-ZIP **MIAMI, FL 33131**

STREET ADDRESS

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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)(f), 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 and typed or printed name of signing general partner

Date

Daytime Phone #

FILED

03 MAY -9 PM 12:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DUE BY MAY 1, 2003

4. FEI Number **65-0805686**

Applied For
Not Applicable

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

CR2E003 (10/02)

STAPLE CHECK HERE

**300018675453
05/09/03--01019--020 **852.50**

BK