**2003 LIMITED PARTNERSHIP** UNIFORM BUSINESS REPORT (UBR)

Mailing Address 701 BRICKELL AVENUE. SUITE 3000

A97000002698 DOGUMENT #

1. Entity Name B.S.D. PARTNERSHIP, LTD.

Principal Place of Business 1500 SAN REMO AVENUE, SUITE 135



FILED 03 MAY -2 PM 6:15 SECRETARY OF STATE TALLAHASSEE FLORIDA

CORAL GABLES FL 33146 MIAMI FL 33131						
Principal Place of Business 3. Mailing Address						
44 Brickell Avenue	1111 Brickell Avenue				,	
Suite, Apt. #, etc.			***	DUT BY 114/4 0000		
Suite_9002Suite_25007_Sa_		33131	DUE BY MAY 1, 2003		03	
City & State City & State  Miami Florida Miami Florida			4. FEI Number	4. FEI Number 65-0801785		
		a			Not Applicable	
Zip Country	Jip Tip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Que	/ 33131				ame and Address of New Registered Agent	
U. Name and Address of the	Name	<del></del>				
INTRASTATE REGISTERED AGENT/COR		Stuart K. Hoffman, Esq.				
701 BRICKELL AVENUE, SUITE 3000 //		Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33131	//					
1 / /	1111 Brickell Avenue, Suite 2500					
	City					
8. The above named entity submits this statement the obligations of registered agent.	nt for the purpose of changing its re	egistered office o	r registered agent, or both	, in the State of Florida. I am	amiliar with, and accept	
SIGNATURE Signature, typed or printed game of registered	agent and title if applicable.		<u></u>	DATE		
	ontributions \$1,000,000,000   10. Amount of Capital Contributi			11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	R THAT IS A BUSINESS ENT MAY NOT be changed on the					
	GENERAL PARTNER INFORMATION		ADDRESS CHANGES ONLY			
	P98000099458 COUNTRY CLUB PLAZA INVESTORS CORP.		REET ADDRESS 444 Brickell Avenue, Suite 900			
STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131		Ī	Miami, Florida 33131			
		CITY-ST-ZIP				
DOCUMENT #		STREET ADDRESS				

STREET ADDRESS CITY-ST-ZIP \*\*526.25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 entail 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 poort as required by Chapter 620, Florida Statutes

B.S.D. Partnership. Life

ors Cox

SIGNATURE:

By: Country
By: Country SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIES TO EN

Date

Daytime Phone #