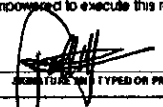


**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A97000002862					
1. Entity Name 1550 BISCAYNE ASSOCIATES, LTD.					
Principal Place of Business 248 WASHINGTON AVENUE MIAMI BEACH, FL 33139			Mailing Address 248 WASHINGTON AVENUE MIAMI BEACH, FL 33139		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0805481	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CURRAN, ROBERT 248 WASHINGTON AVENUE MIAMI BEACH, FL 33139				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 _____ DATE _____					
Signature, Incited to printed name of registered agent and UBR 2 and 3 only.					
9. Capital Contributions as Shown on record. \$50,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P97000104165		STREET ADDRESS		
NAME	1550 BISCAYNE CORP.		CITY - ST - ZIP		
STREET ADDRESS	19680 N.E. 13TH COURT				
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179				
DOCUMENT #			STREET ADDRESS	400001440896	
NAME			CITY - ST - ZIP	03/20/03--01027--030 ***38.75	
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
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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 included 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: 			3/14/03 3056523122		
PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE

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THOMAS