

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002880**

1. Entity Name
HARBOUR ISLAND APARTMENT ASSOCIATES, LTD.



FILED
03 FEB 10 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2600 E. COMMERCIAL BOULEVARD, SUITE 200
FORT LAUDERDALE FL 33303

Mailing Address
2600 E. COMMERCIAL BOULEVARD, SUITE 200
FORT LAUDERDALE FL 33303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **65-0801694**

Applied For

Not Applicable

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

JENNINGS & VALANCY
311 SE 13TH STREET
FORT LAUDERDALE FL 33316

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 title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$3,200,000.00**

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 # **572226**
NAME **M.S.L. PROPERTY MANAGEMENT, INC.**
STREET ADDRESS **2600 E COMMERCIAL BOULEVARD, #200**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **P95000049362**
NAME **WESTON KENDALL CORP.**
STREET ADDRESS **7-11 SOUTH BROADWAY, SUITE #200**
CITY-ST-ZIP **WHITE PLAINS NY 10601**

STREET ADDRESS

CITY-ST-ZIP

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100012230481
02/10/03--01109--006 **535.00

Handwritten signature

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/03/03

Date

Daytime Phone #

CR2E003 (10/02)