

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002039 AV

**DOCUMENT # A98000000118**



**FILED**  
**2003 APR 23 AM 9:12**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**



**1. Entity Name**  
SRA/BUILDING 051, LTD.

**Principal Place of Business**  
5345 PINE TREE DRIVE  
MIAMI BEACH FL 33140

**Mailing Address**  
5345 PINE TREE DRIVE  
MIAMI BEACH FL 33140

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

**4. FEI Number** 65-0817030

Applied For

Not Applicable

Zip

Country

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**

**STEIN, CLIFFORD M**  
5345 PINE TREE DRIVE  
MIAMI BEACH FL 33140

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. **\$2,000,000.00**

**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 #** P98000003213  
**NAME** SRA/BUILDING 051 CORP.  
**STREET ADDRESS** 5345 PINE TREE DRIVE  
**CITY-ST-ZIP** MIAMI BEACH FL 33140

**STREET ADDRESS**  
**CITY-ST-ZIP**

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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 620, Florida Statutes**

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

4.22.03

Date

Daytime Phone #

CR2E003 (10/02)