

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010967 AT

DOCUMENT # A98000000126

1. Entity Name  
RELiance GULFSTREAM ASSOCIATES, LTD.



FILED

APR 30 AM 10:33

Principal Place of Business  
516 N.E. 13TH STREET  
FORT LAUDERDALE FL 33304

Mailing Address  
516 N.E. 13TH STREET  
FORT LAUDERDALE FL 33304

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 65-0803964

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

MCDONOUGH, BRIAN J ESQ.  
C/O STEARNS WEAVER, ET AL  
150 WEST FLAGLER STREET, 22ND FLOOR  
MIAMI FL 33130

Name JACKSON, ROBERT O.

Street Address (P.O. Box Number is Not Acceptable)

516 N.E. 13TH STREET

City FT. LAUDERDALE, FL

Zip Code 33304

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]*

ROBERT O. JACKSON 4/21/03

DATE

9. Capital Contributions  
as Shown on record.

\$2,080,000.00

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 # N98000000179  
NAME RELIANCE GULFSTREAM, INC.  
STREET ADDRESS 516 N.E. 13TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

~~04/30/03 01105-003 \*\*535.00~~

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DOCUMENT #  
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GARY L. JOHNSON

CONTROLLER 4/21/03 954-927-4545

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE