

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009574 AT

DOCUMENT # A98000000203

1. Entity Name
MRM PROPERTIES LIMITED PARTNERSHIP



FILED
03 APR 30 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3850 N.W. 118TH AVE.
CORAL SPRINGS FL 33065

Mailing Address
C/O MRM PROPERTIES, INC.
3850 N.W. 118TH AVENUE
CORAL SPRINGS FL 33065



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 65-0811416

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

MRM PROPERTIES, INC.
3850 N.W. 118TH AVENUE
CORAL SPRINGS FL 33065

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.

\$99,000.00

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 # P98000006583
NAME MRM PROPERTIES, INC.
STREET ADDRESS 3850 N.W. 118TH AVE.
CITY-ST-ZIP CORAL SPRINGS FL 33065

STREET ADDRESS

CITY-ST-ZIP

04/30/03--01105--030 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

04/30/03--01105--031 **8.75

500017615555
04/30/03--01105--030 **526.25

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500017615715
04/30/03--01105--031 **8.75

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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

Date

Daytime Phone #

4/22/03 (954)752-3090

CR2E003 (10/02)

STAPLE CHECK HERE