

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001080 AT

DOCUMENT # A98000000331

1. Entity Name
BIG HORN ASSOCIATES, LTD.



FILED

03 APR 15 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3575 NORTHWEST 53 STREET
FORT LAUDERDALE FL 33309

Mailing Address
3575 NORTHWEST 53 STREET
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0821197

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

KATZ, MICHAEL D ESQ
2693 SOUTH BAYSHORE DR., 7TH FLOOR
MIAMI FL 33133

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.

\$381,668.68

10. Amount of Capital Contributions
in FLORIDA to date.

1,385,535

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 # P98000008870
NAME BIG HORN DEVELOPERS, INC.
STREET ADDRESS 3575 NORTHWEST 53 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33309

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/03 954-733-4211
Date Daytime Phone #

CR2E003 (10/02)