

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003648 AV

DOCUMENT # A98000001181

1. Entity Name
N. DIXIE COMMERCE CENTER, LTD.



FILED

03 APR 18 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3595 N. DIXIE HWY. SUITE 4
BOCA RATON FL 33431

Mailing Address
3595 N. DIXIE HWY. SUITE 4
BOCA RATON FL 33431



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 65-0837719

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

SPERBER, KENNETH
3595 N. DIXIE HWY, SUITE 4
BOCA RATON FL 33431

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. \$468,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 468,000

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 # P98000041527
NAME N. DIXIE BUSINESS INC.
STREET ADDRESS 982 MCCLEARY ST.
CITY-ST-ZIP DELRAY BEACH FL 33483

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: KENNETH SPERBER 4/14/03 (61)445-7715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)