

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAR 28 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0010386 AT

DOCUMENT # A98000001244	
1. Entity Name PARKSIDE VILLAGE LIMITED	
Principal Place of Business 4960 SW 72 AVENUE, SUITE 400 MIAMI FL 33155	Mailing Address 4960 SW 72 AVENUE, SUITE 400 MIAMI FL 33155



2. Principal Place of Business 4960 S.W. 72 AVE SUITE 400 MIAMI, FL 33155	3. Mailing Address 4960 S.W. 72 AVE SUITE 400 MIAMI, FL 33155	DUE BY MAY 1, 2002	
4. FEI Number 65-0844867	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent THE RICHARD BRANDON COMPANY 4960 S.W. 72ND AVE., STE. 400 MIAMI FL 33155		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000019866 THE RICHARD BRANDON COMPANY 4960 SW 72 AVENUE, SUITE 400 MIAMI FL 33155	STREET ADDRESS CITY-ST-ZIP	1501 Sunset Drive - 2nd floor Miami Florida 33143
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200005190202--9 -04/03/02--01064--016 ****526.25 ****526.25
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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: **Brandon Lorie, V.P.** **305-662-1421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE