

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001568 AV

DOCUMENT # A98000001276

1. Entity Name
GABLES ON THE GREEN LIMITED GROUP



FILED

03 MAY -2 PM 6:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



M

Principal Place of Business
550 BILTMORE WAY
SUITE 1210
CORAL GABLES FL 33134

Mailing Address
550 BILTMORE WAY
SUITE 1210
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

550 Biltmore Way

550 Biltmore Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 740

Suite 740

City & State

City & State

Coral Gables, FL 33134

Coral Gables, FL

Zip

Country

Zip

Country

33134

USA

33134

USA

DUE BY MAY 1, 2003

4. FEI Number 65-0843157

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

MARTIN, PEDRO A ESQ.
C/O GREENBERG, TRAUIG, ET AL
1221 BRICKELL AVENUE
MIAMI FL 33131

Name

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

400017897554

05/02/03--01062--020 **526.25

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. \$3,300,000.00

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 # P98000079760
NAME GABLES ON THE GREEN HOLDINGS, INC.
STREET ADDRESS 626 CORAL WAY, SUITE 16
CITY-ST-ZIP CORAL GABLES FL 33134

STREET ADDRESS

550 Biltmore Way Suite 740

CITY-ST-ZIP

Coral Gables, FL 33134

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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

Oscar Roger

4/28/03

305/448-4091

Date

Daytime Phone #

CR2E003 (10/02)