

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
550 Biltmore Way
 Suite, Apt. #, etc.
Suite 740

3. Mailing Address
550 Biltmore Way
 Suite, Apt. #, etc.
Suite 740

DUE BY MAY 1, 2003

City & State
Coral Gables, FL 33134

City & State
Coral Gables, FL

Zip
33134

Country
USA

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

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

7. Name and Address of New Registered Agent

Name

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

400017897554

05/02/03--011062--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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>550 Biltmore Way Suite 740</i>
CITY-ST-ZIP	<i>Coral Gables, FL 33134</i>
STREET ADDRESS	
CITY-ST-ZIP	
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]* **SIGNATURE REQUIRED Oscar Roger** 4/28/03 305/448-4091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)