


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001100 AV

DOCUMENT # A98000001484

1. Entity Name
MIRAMAR APARTMENTS, LTD.



FILED
03 APR -2 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**100 SOUTH BISCAYNE BLVD., SUITE 1100
MIAMI FL 33131**

Mailing Address
**100 SOUTH BISCAYNE BLVD., SUITE 1100
MIAMI FL 33131**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number **65-0780913**

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOLLO, JEROME
100 SOUTH BISCAYNE BLVD., SUITE 1100
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000034035 MIRAMAR APARTMENTS, INC. 100 SOUTH BISCAYNE BLVD., STE 1100 MIAMI FL 33131
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400015030354
CITY-ST-ZIP	04/01/03--01054--013 **141.25
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CITY-ST-ZIP	

CR2E003 (10/02)

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:  **Wayne R. Hollo** *4/11/03*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date *4/11/03* Daytime Phone #