

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001288
AV

DOCUMENT # A98000001943

1. Entity Name
SPRING CREEK PLAZA ASSOCIATES, LTD.



03 JAN 28 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
701 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131-2822

Mailing Address
701 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131-2822



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0860785

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

PITTS, W. DOUGLAS
701 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131-2822

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.

\$6,250.00

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 # P96000034735
NAME NEWCASTER DEVCORP, INC.
STREET ADDRESS 701 BRICKELL AVENUE, SUITE 1400
CITY-ST-ZIP MIAMI FL 33131-2822

STREET ADDRESS

CITY-ST-ZIP

800011136488
01/28/03-01067-008 **141.25

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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:

Douglas H. Pitts
TREASURER
NEWCASTER DEVCORP, INC.

1/7/03

305-379-8467
Daytime Phone #

CR2E003 (10/02)