Applied For

\$8.75 Additional

Fee Required

Not Applicable

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A98000002127 DOCUMENT

1. Entity Name PEÁL PARTNERS, LTD.



Principal Place of Business 5240 NORTH BAY ROAD MIAMI BEACH FL 33140

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address 20590 W. DIXIE HIGHWAY LEVI, CATLIN

Suite, Apt. #, etc.

City & State

Zip

N. MIAMI BEACH FL 33180 3. Mailing Address

	03 JAN 14 PH 2: 19		
	SECRETARY OF STATE DALLAHASSEE, FLORIDA		
-	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
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DUE BY MAY 1, 2003

LEVI, ALLEN 20590 WEST DIXIE HIGHWAY N. MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City	E1	Zip Code			

65-0869349

4. FEI Number

5. Certificate of Status Desired

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.

Country

SIGNATURE

Country

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

6. Name and Address of Current Registered Agent

9. Capital Contributions \$6,800,000.00 as Shown on record.

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

DATE

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	PEAL, BÁRRY	STREET ADDRESS	
STREET ADDRESS CITY_ST=ZIP	10204 HELENA TERRACE SPOTSYLVANIA:VA. 22553	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	100010055591
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	100010055591 01/14/0301012022 **526.25
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DOCUMENT # ** NAME		STREET ADDRESS	
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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: