

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002675

1. Entity Name  
PARADISE CAY FINANCING PARTNERSHIP, LTD.



FILED

03 MAY -2 PM 2:30

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



Principal Place of Business  
C/O DARYL CRAMER & ASSOC., P.A.  
3801 PGA BLVD SUITE 508  
PALM BEACH GARDENS FL 33410-2758

Mailing Address  
C/O DARYL CRAMER & ASSOC., P.A.  
3801 PGA BLVD SUITE 508  
PALM BEACH GARDENS FL 33410-2758

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 65-0892284

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

DARYL CRAMER & ASSOC., P.A.  
3801 PGA BOULEVARD STE. 508  
PALM BEACH GARDENS FL 33410-2758

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. \$2,400,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$2,900,000.00

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 # P98000081678  
NAME PARADISE CAY FINANCING G.P. INC.  
STREET ADDRESS 3801 PGA BOULEVARD STE. 508  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410-2758

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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: By:  FABRIZIO LUCCHese 4-08-03 905-882-1212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE