


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010079 AT

DOCUMENT # A99000000045

1. Entity Name
FOUR STREET PROPERTIES, LTD.




Principal Place of Business
7086 S.W. 4TH STREET
MIAMI FL 33131

Mailing Address
7086 S.W. 4TH STREET
MIAMI FL 33131

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2198342	
				Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OSVALDO VENTO SR. 7086 S.W. 4TH STREET MIAMI FL 33131	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. \$1,782,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000107742	STREET ADDRESS	
NAME	FOUR STREET PROPERTIES, INC.	CITY-ST-ZIP	01/24/03--01025--009
STREET ADDRESS	7086 S.W. 4TH STREET		300010690883
CITY-ST-ZIP	MIAMI FL 33131		01/24/03--01025--009 **526.25
DOCUMENT #		STREET ADDRESS	
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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

Osvaldo Vento, Pres.

SIGNATURE:  **1/20/03** **(305) 266-5011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (10/02)