2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

Mailing Address

9850 EAST BROADVIEW DRIVE

DOCUMENT # A9900000951

1. Entity Name

Principal Place of Business

9850 EAST BROADVIEW DRIVE

BAY HARBOR ISLANDS FL 33154

MEISELMAN 1999 LIMITED PARTNERSHIP



FILED

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SECHETANY OF STATE TALLAHASSEE FLORIDA

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2. Principal Place of Business			3. Mailing Address			Jau III				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State			City & State			4. FEI Number 65-0926057 Applied For				
Zip -	Count	ry	Zip	Country	, , , , , , , , , , , , , , , , , , ,	5. Certificate of	of Status Desired	<u> </u>	\$8.75	Not Applicable Additional
	6. Name and Add	gistered Agent			7. Name and Address of New Registered Agent					
ADAMS, FRANK T ESQ. 100 N.E. 3RD AVE., STE. 280 FT LAUDERDALE FL 33301					Name Street Address (P.O. Box Number is Not Acceptable)					
9			Ci	•			FL	Zip Co		
SIGNATURE 9. Capital Co	Signature, typed or printed nar		the if applicable. 10. Amount of Capita in FLORIDA to da	al Contribution		ed agent, or both	11. MAKE CHECK	DATE PAYABLE	TO FL. DE	PT. OF STATE
	A GENERA NOTE: Genera	L PARTNER THA	T IS A BUSINESS ENT IOT be changed on th	TITY MUST	BE REGIST	ERED AND AC	SEE REVERSE TIVE WITH THIS to change a gen	05510		DRMATION
12.	GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY					
NAME STREET ADDRESS CITY-ST-ZIP	MEISELMAN, TOBA 9850 EAST BROAL BAY HARBOR ISLA	DVIEW DRIVE		STREET ADD		1 ()I 01/24/	00106 5 0301025	307 ∙016	81	00
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CITY-ST-ZIP DOCUMENT #				CITY-ST-ZIP	,					
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DOCUMENT # NAME STREET ADDRESS				STREET ADDR	ESS				 .	
CITY-ST-ZIP	ertify that the information	D supplied with the		CITY-ST-ZIP				,		
indicated of the receive	on this report is true and er or trustee empowered	d accurate and that r to execute this repo	illing does not qualify for th my signature shall have the ort as required by Chapter	ne exemption e same legal r 620, Florida	stated in Secti effect as if mad Statutes	ion 119.07(3)(i), F de under oath; tha	lorida Statutes. I fur at I am a General Pa	rther certif artner of th	iy that the in	nformation partnership or

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Date SIGNATURE: .