

# 2002 UNIFORM BUSINESS REPORT (UBR)

0018860 AB

DOCUMENT # A99000001188

1. Entity Name

EMERALD LAKE PARTNERSHIP, LTD.

Principal Place of Business

1700 N.E. 133RD STREET  
NORTH MIAMI FL 33181

Mailing Address

P.O. BOX 431405  
MIAMI FL 33243

2. Principal Place of Business

OFFICE VILLAGE CLUB APTS  
Suite, Apt. #, etc.  
500 NE 2ND ST

City & State

DANIA BEACH, FL

Zip Country  
33004 USA

3. Mailing Address

OFFICE VILLAGE CLUB APTS  
Suite, Apt. #, etc.  
500 NE 2ND ST

City & State

DANIA BEACH FL

Zip Country  
33004 USA

DUE BY MAY 1, 2002

4. FEI Number

65-0933998

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOTH, ANDREUS J

6241 S.W. 79TH STREET  
MIAMI FL 33243

Name

TOTH, ANDREUS J

Street Address (P.O. Box Number is Not Acceptable)

OFFICE VILLAGE CLUB APTS  
DANIA BEACH FL 500 NE 2ND ST

City

DANIA BEACH

FL

Zip Code

33004

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record.

\$800,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # P99000063408  
NAME NORTHBEACH EQUITIES, INC.  
STREET ADDRESS 1700 N.E. 133RD STREET  
CITY-ST-ZIP NORTH MIAMI FL 33181

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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

OFFICE 500 NE 2ND ST

CITY-ST-ZIP

DANIA BEACH, FL 33004

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/02

Date

Daytime Phone #

CR2E003 (9/01)