

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001188**

1. Entity Name  
**EMERALD LAKE PARTNERSHIP, LTD.**



Principal Place of Business  
**500 NE 2ND STREET  
OFFICE VILLAGE CLUB APTS.  
DAVIE BEACH FL 33004**

Mailing Address  
**P.O. BOX 431405  
MIAMI FL 33243**

**FILED**

**2003 MAY 23 AM 11:23**

**DIVISION OF CORPORATIONS,  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-0933998**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TOTH, ANDREUS J**

**500 NE 2ND STREET**

**OFFICE VILLAGE CLUB APTS.**

**DAVIE BEACH FL 33004**

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

**4-11-03**  
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 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 # **P99000063408**  
NAME **NORTHBEACH EQUITIES, INC.** *Filed Name Change on 06/26/2000*  
STREET ADDRESS **500 NE 2ND STREET**  
CITY-ST-ZIP **DAVIE BEACH FL 33004**

STREET ADDRESS

CITY-ST-ZIP

**900016238929**  
**04/18/03--01022--015 \*\*560.00**

DOCUMENT # *CORE EQUITIES #10 INC*  
NAME *GP*  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-11-03 (954) 923-2144**

Date

Daytime Phone #

CR2E003 (10/02)

0019476 MB

STAPLE CHECK HERE