

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

19a

0000601  
AT

**DOCUMENT #** A99000001208

**1. Entity Name**  
CASA TUA PARTNERS LTD.

02 SEP 17 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
445 EAST RIVO ALTO DRIVE  
MIAMI BEACH FL 33139

**Mailing Address**  
445 EAST RIVO ALTO DRIVE  
MIAMI BEACH FL 33139



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 25, 2002**

**City & State**

**City & State**

**4. FEI Number** 65-0935833

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**

**GRENDENE, MICHELE**  
445 EAST RIVO ALTO DRIVE  
MIAMI BEACH FL 33139

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.** \$8,000,000.00

**10. Amount of Capital Contributions in FLORIDA to date.** 1,850,000

**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**

**13. ADDRESS CHANGES ONLY**

**DOCUMENT #** L99000004495  
**NAME** CASA MIA G.P., L.L.C.  
**STREET ADDRESS** 445 EAST RIVO ALTO DRIVE  
**CITY-ST-ZIP** MIAMI BEACH FL 33139

**STREET ADDRESS**  
**CITY-ST-ZIP**

**DOCUMENT #**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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**

4/9/02  
Date

(305)673-0973  
Daytime Phone #

CR2E003 (4/02)

2699 s. bayshore drive  
miami. florida 33133

305 858 5600  
305 856 3284 fax

www.kaufmanrossin.com

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August 8, 2002

Division of Corporations  
Annual Report  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Re: *Casa Tua Partners Ltd.*  
EIN: 65-0935833

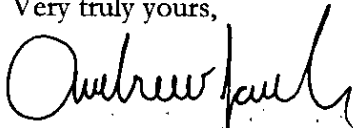
Dear Sir or Madam:

We are the accountants for the above referenced taxpayer and are writing to you on their behalf. The client did not receive the original 2002 Uniform Business Report for the fee of \$526.25 due before May 1, 2002 and just received a second notice regarding such report last week. Please be aware that prior to last week, the client was completely unaware that the filing was delinquent.

Enclosed is a completed 2002 Uniform Business Report along with a check in the amount of \$526.25. Kindly apply this fee and abate the late penalty. Also, please verify that the address on this report agrees with your records to assure that the client will receive this report in the future.

Should you require any additional information, please do not hesitate to contact us.

Very truly yours,



Andy Jacobs, CPA  
Kaufman, Rossin & Co.

Enclosures  
cc: Michele Grendene

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**KAUFMAN  
ROSSIN &  
CO.** PROFESSIONAL  
ASSOCIATION  
CERTIFIED PUBLIC ACCOUNTANTS