


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001472 AV

DOCUMENT # A99000001502

1. Entity Name
LE JEUNE/EAST 9TH PARTNERS, LTD.



FILED
03 APR 23 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, SUITE 908 MIAMI FL 33133	Mailing Address 2665 SOUTH BAYSHORE DRIVE, SUITE 908 MIAMI FL 33133
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0873418	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

**EIDELSTEIN, GARY P
2665 SOUTH BAYSHORE DRIVE, SUITE 908
MIAMI FL 33133**

7. Name and Address of New Registered Agent

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. \$1,000.00	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 # P99000087401 NAME LE JEUNE/EAST 9TH, INC. STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 908 CITY-ST-ZIP MIAMI FL 33133	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
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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 REQUIRED** April 16, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

CF2E003 (10/02)