

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001520**

1. Entity Name  
**MULTI-FAMILY INVESTORS, LTD., LLLP**



**FILED**

**03 MAY -6 PM 1:37**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**05/06/03**



Principal Place of Business  
401 E LAS OLAS BLVD., SUITE 2200  
FT. LAUDERDALE, FL 33301

Mailing Address  
BLVD., SUITE 900  
33301

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-1027387**

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

**HORVITZ, DAVID**

401 E LAS OLAS BLVD., SUITE 2200  
FT. LAUDERDALE, FL 33301

Name

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

**500018034725**

**05/06/03--01031--014 \*\*141.25**

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

DATE

9. Capital Contributions  
as Shown on record. **\$250.00**

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 # **A97000002807**  
NAME **WLD REAL ESTATE PARTERS 1999, L.P.**  
STREET ADDRESS **450 EAST LAS OLAS BLVD., SUITE 900**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

STREET ADDRESS **401 E LAS OLAS BLVD #2200**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0002626 AV

CR2E003 (10/02)