

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001604

1. Entity Name
NEW RIVER DEVELOPMENT PARTNERS LTD.



FILED

03 MAR -5 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1825 MAIN ST., STE. 201
WESTON FL 33326

Mailing Address
1825 MAIN ST., STE. 201
WESTON FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0953879

Applied For

Not Applicable

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

PAUL E. ROSEN
8211 WEST BROWARD BLVD
STE 200
PLANTATION FL 33324

Name PAUL ERIC ROSEN
Street Address (P.O. Box Number is Not Acceptable)
1825 MAIN ST, SUITE 201
City WESTON FL Zip Code 33326

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 PAUL ERIC ROSEN

1/13/03
DATE

9. Capital Contributions as Shown on record. \$1,700,000.00

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 # L99000006216
NAME NEW RIVER DEVELOPMENT PARTNERS LLC
STREET ADDRESS 1825 MAIN ST., STE. 201
CITY-ST-ZIP WESTON FL 33326

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

PAUL ERIC ROSEN

1/13/03

84-217-2510

Date

Daytime Phone #

CR2E003 (10/02)