

2001 UNIFORM BUSINESS REPORT (UBR)

0003907 AF

DOCUMENT # **A99000001757**

1. Entity Name

NEW TIFFANY APARTMENTS, LTD.

FILED

01 APR -4 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

~~200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131~~

~~200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131~~

2. Principal Place of Business

3. Mailing Address

*1623 Collins Ave
Suite, Apt. #, etc. #909*

*1623 Collins Ave
Suite, Apt. #, etc. #909*

DO NOT WRITE IN THIS SPACE

City & State *Miami Beach FL*

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4. FEI Number **65-0960241**

Applied For
Not Applicable

Zip *33139* Country *Dade*

Zip *33139* Country *Dade*

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

BENNETT, JOSH N ESQ.
~~FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD., SUITE 1050
MIAMI FL 33131~~
*1623 Collins Ave
#909
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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$50,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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
DOCUMENT # **L99000006879**
NAME **SADDLEBAGS, LC**
STREET ADDRESS ~~200 SOUTH BISCAYNE BLVD., SUITE 1050~~
CITY - ST - ZIP ~~MIAMI FL 33131~~
Same as above

13. ADDRESS CHANGES ONLY
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS **300004008789--3**
CITY - ST - ZIP **-04/13/01--01093--014**
******438.75 ****438.75**

DOCUMENT #
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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: *Virginia Dominguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 25/2001 **305**
Date Daytime Phone # **534.9090**

CR2E003 (11/00)