

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017856 AB

DOCUMENT # B94000000396

1. Entity Name  
TWELFTH WEST COAST AP 8 LIMITED PARTNERSHIP

FILED

03 MAR 10 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
P.O. BOX 296  
CONVENT STATION NJ 07961-0296Mailing Address  
P.O. BOX 296  
CONVENT STATION NJ 07961-0296

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City &amp; State

City &amp; State

4. FEI Number 22-2731512

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

GQODWIN, LINDA  
931 WEST OAK STREET, SUITE 100  
KISSIMMEE FL 34741

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

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

DATE

9. Capital Contributions  
as Shown on record. \$1,000.0010. Amount of Capital Contributions  
in FLORIDA to date. \$1,000.0011. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 # P37264  
NAME SOUTH STREET FINANCIAL CORP.  
STREET ADDRESS 16 S. JEFFERSON RD., #103  
CITY-ST-ZIP WHIPPANY NJ 07981

STREET ADDRESS

CITY-ST-ZIP

500013736905  
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NAME  
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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

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)