

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003925 AB

**DOCUMENT # B94000000504**

1. Entity Name

**SOMERSET FOUR LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 27 PM 11:02

Principal Place of Business

6255 BIRD RD.  
MIAMI FL 33155

Mailing Address

PO BOX 562438  
MIAMI FL 33256

2. Principal Place of Business

7416 SW 48 ST

Suite, Apt. #, etc.

3. Mailing Address

6800 SW 40 ST

Suite, Apt. #, etc.

PMB #349

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

65-0541201

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZULUETA, IGNACIO G  
6255 BIRD ROAD  
MIAMI FL 33155

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.

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

\$100.00

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 #

K65519

NAME

EXCEL DEVELOPMENT CORPORATION

STREET ADDRESS

6255 BIRD RD.

CITY-ST-ZIP

MIAMI FL 33155

DOCUMENT #

NAME

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10/25/00

Date

305-662-8660

Daytime Phone #

CR2E003 (5/00)



DO NOT WRITE IN THIS SPACE