

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B95000000042**

1. Entity Name

SOMERSET VILLAGE LIMITED PARTNERSHIP

Principal Place of Business

6262 BIRD ROAD, SUITE 3-I
MIAMI FL 33155

Mailing Address

6262 BIRD ROAD, SUITE 3-I
MIAMI FL 33155-4882



2. Principal Place of Business

3. Mailing Address

6800 SW 40 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #349

City & State

City & State

Miami, FL

4. FEI Number

65-0624645

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

33155-3708

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZULUETA, IGNACIO G
6262 BIRD ROAD, SUITE 3-I
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

13. ADDRESS CHANGES ONLY

DOCUMENT # K65519
NAME EXCEL DEVELOPMENT CORPORATION
STREET ADDRESS 6262 BIRD ROAD, SUITE 3-I
CITY-ST-ZIP MIAMI FL 33155

STREET ADDRESS 6800 SW 40 ST PMB #349
CITY-ST-ZIP Miami, FL 33155-3708

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 200003293322--6
CITY-ST-ZIP 06-16-00 01012-000
****150.00 ****150.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

5/1/00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00 MAY -1 PM 1:25
FILED

0-13 (1/00)