


# 2002 UNIFORM BUSINESS REPORT (UBR)

UBR 10000  
A1

**DOCUMENT # B95000000042**

1. Entity Name  
**SOMERSET VILLAGE LIMITED PARTNERSHIP**

**FILED**  
2002 FEB 25 AM 10:38  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>6800 SW 40 ST. PMB #349 MIAMI FL 33155-3708</b>	Mailing Address <b>6800 SW 40 ST. PMB #349 MIAMI FL 33155-3708</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **65-0624645**  
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  
6800 SW 40 ST., PMB #349  
MIAMI FL 33155-3708**

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

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>K65519 EXCEL DEVELOPMENT CORPORATION 6800 SW 40 ST., PMB #349 MIAMI FL 33155-3708</b>
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300005031913--3</b>
CITY-ST-ZIP	<b>-03/01/02--01033--013 ****141.25 ****141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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:  **Excel Dev Corp.** 2/20/02 305-669-8845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)