2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED
03 FEB 14 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B95000000042

1. Entity Name
SOMERSET VILLAGE LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
6800 SW 40 ST. PMB #349 MIAMI, FL 33155-3708	6800 SW 40 ST. PMB #349 MIAMI, FL 33155-3708

2. Principal Place of Business	3. Mailing Address
6255 Bird Rd	7416 SW 48 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33155 Country: USA	Zip: 33155 Country: USA

DUE BY MAY 1, 2003

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	7. Name and Address of New Registered Agent
ZULUETA, IGNACIO G 6800 SW 40 ST., PMB #349 MIAMI, FL 33155-3708	Name Street Address (P.O. Box Number is Not Acceptable): 6255 Bird Rd City: Miami FL Zip Code: 33155

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION
$100.00		

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 #	K65619	STREET ADDRESS	6255 Bird Rd
NAME	EXCEL DEVELOPMENT CORPORATION	CITY-ST-ZIP	Miami, FL 33155
STREET ADDRESS	6800 SW 40 ST., PMB #349		
CITY-ST-ZIP	MIAMI, FL 331563708		
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CITY-ST-ZIP			

CR2E003 (10/02)

STAPLE CHECK HERE

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: Miguel Balais 2/5/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #