

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000020

1. Entity Name
STAR RUBY EQUITIES LIMITED PARTNERSHIP



Principal Place of Business
~~1013 CENTRE ROAD~~
~~WILMINGTON DE 19805~~

Mailing Address
2250 AVENIDA DEL VERA
N. FT. MYERS FL 33917

FILED
03 MAY -5 PM 7:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business
2250 Avenida Del Vera
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
N. Ft. Myers FL
Zip 33917 Country

City & State
Country

4. FEI Number 13-3959388
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

CALLAHAN, W. SCOTT ESQ.
37 NORTH ORANGE AVENUE, STE. 200
ORLANDO FL 32801

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. 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. \$624,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # F97000000205
NAME STAR RUBY REALTY CORP.
STREET ADDRESS 550 MAMARONECK AVENUE
CITY-ST-ZIP HARRISON NY 10528

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
100018005971
05/05/03--01053--022 **526.25

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-28-03

Date

Daytime Phone #

239-731-4538

0014988 AT

(201/01) (001/01)

STAPLE CHECK HERE