

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B97000000215



1. Entity Name
9191 SOUTH DIXIE LIMITED PARTNERSHIP

FILED

03 MAY -6 PM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

6/1/03

Principal Place of Business
100 BAY COLONY LANE
FORT LAUDERDALE FL 33308

Mailing Address
100 BAY COLONY LANE
FORT LAUDERDALE FL 33308



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0753607

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BERGER, JAMES L ESQ.
C/O BERGER DAVIS & SINGMAN PROF. ASSOC.
100 N.E. 3RD AVENUE, SUITE 400
FORT LAUDERDALE FL 33301

Name
GAYIA SUE LEVINI
Street Address (P.O. Box Number is Not Acceptable)
100 BAY COLONY LANE
City
Fort Lauderdale FL Zip Code 33308

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 *Gayla Sue Levin*
Signature, typed or printed name of registered agent and title if applicable

4-29-03
DATE

9. Capital Contributions as Shown on record. \$0.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F97000002376
NAME 9191 SOUTH DIXIE, INC.
STREET ADDRESS 100 BAY COLONY LANE
CITY-ST-ZIP FORT LAUDERDALE FL 33308

STREET ADDRESS
CITY-ST-ZIP 200018311612
05/06/03--01126--024 **141.25

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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: *Gayla Sue Levin* General Partner
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date 4-29-03
Daytime Phone # 954-491-0200

CR2E003 (10/02)