

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**FILED**  
03 MAY -2 PM 7:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                             |                                                                                                      |                                                                                                                                         |  |
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| <b>DOCUMENT # B97000000548</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                             |                                                                                                      |                                                                                                                                         |  |
| <b>1. Entity Name</b><br>PORT EVERGLADES COMMERCE CENTER ASSOCIATES LIMITED PARTNERSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                             |                                                                                                      |                                                                                                                                         |  |
| <b>Principal Place of Business</b><br>300 HOLLYWOOD WAY<br>HOLLYWOOD, FL 33021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                             | <b>Mailing Address</b><br>300 HOLLYWOOD WAY<br>HOLLYWOOD, FL 33021                                   |                                                                                                                                         |  |
| <b>2. Principal Place of Business</b><br>4651 Sheridan Street<br>Suite, Apt. #, etc.<br>Suite 200<br>City & State<br>Hollywood, Florida<br>Zip<br>33021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>3. Mailing Address</b><br>4651 Sheridan Street<br>Suite, Apt. #, etc.<br>Suite 200<br>City & State<br>Hollywood, Florida<br>Zip<br>33021 |                                                                                                      |                                                                                                                                         |  |
| <b>6. Name and Address of Current Registered Agent</b><br>STOTZER, THEODORE R ESQ.<br>4651 SHERIDAN STREET SUITE 200<br>HOLLYWOOD, FL 33021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                             |                                                                                                      | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                             |                                                                                                      |                                                                                                                                         |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and date if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                             |                                                                                                      |                                                                                                                                         |  |
| <b>9. Capital Contributions</b><br>as Shown on record. <b>\$13,701,839.59</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>10. Amount of Capital Contributions</b><br>in FLORIDA to date. <b>-0-</b>                                                                |                                                                                                      | <b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b><br><b>SEE REVERSE SIDE FOR FEE INFORMATION</b>                                      |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                             |                                                                                                      |                                                                                                                                         |  |
| <b>12. GENERAL PARTNER INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                             | <b>13. ADDRESS CHANGES ONLY</b>                                                                      |                                                                                                                                         |  |
| <b>DOCUMENT #</b> F98000006830<br><b>NAME</b> SREG PORT EVERGLADES COMMERCE CENTER, INC.<br><b>STREET ADDRESS</b> 300 HOLLYWOOD WAY<br><b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                             | <b>STREET ADDRESS</b> 4651 Sheridan Street, Suite 200<br><b>CITY-ST-ZIP</b> Hollywood, Florida 33021 |                                                                                                                                         |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                             | <b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                          |                                                                                                                                         |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                             | <b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                          |                                                                                                                                         |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                             | <b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                          |                                                                                                                                         |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                             | <b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                          |                                                                                                                                         |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                             | <b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                          |                                                                                                                                         |  |
| <b>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.</b><br>PORT EVERGLADES COMMERCE CENTER ASSOCIATES LIMITED PARTNERSHIP<br>BY: SREG PORT EVERGLADES COMMERCE CENTER, INC., its general partner |  |                                                                                                                                             |                                                                                                      |                                                                                                                                         |  |
| <b>SIGNATURE:</b> By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | March 31, 2003                                                                                                                              |                                                                                                      | (954) 981-1000                                                                                                                          |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small><br>Theodore R. Stotzer, Executive Vice President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                             |                                                                                                      |                                                                                                                                         |  |

STAPLE CHECK HERE

CR2E003 (10/02)