2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

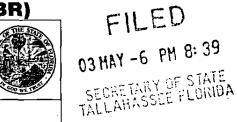
DOCUMENT #	B9900000370

1. Entity Name

THE MARINA AT MARINA BAY, L.P.

Principal Place of Business 9700 S.W. 145 STREET	
541534) Pt - 641Pm	

Mailing Address 9700 S.W. 145 STREET MIAMI FL 33177





MIAMI FL 33177 MIAMI FL 33177									
Principal Place of Business 3. Mailing Address			· · · · · · · · · · · · · · · · · · ·		T KURKURA KUTU TBUTU KUTA BUTA BUTA BUTA BUTA BUTA BUTA BUTA B				
Suite, Apt.	. #, etc.	<u></u>	Suite, Apt. #, etc.		DUE BY MAY 1, 2003				
City & Star	City & State City & State			4. FEI Number	65-0951249		Applied For Not Applicable		
Zip		Country	Zip	Country		5. Certificate of	Status Desired		75 Additional Required
	6. Name	and Address of Cur	rent Registered Agent		F	7. Name and A	ddress of New Register	ed Agent	
FRANZTMAN, JEFF 9700 SW 145 STREET MIAMI FL 33177				Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
	itions of regist	ered agent.	ent for the purpose of changing it	ts register	red office or regis	stered agent, or both,	in the State of Florida. Ta		ir with, and accept
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record. \$1,800,000.00 10. Amount of Capital Contributions in FLORIDA to date.				ibutions		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
~. *·			ER THAT IS A BUSINESS E MAY NOT be changed on						
12.	12. GENERAL PARTNER INFORMATION 13			13.		ADDRESS CHANGES ONLY			
DOCUMENT #	P9900002	3534		STR	FET ADDRESS			<u> </u>	

12.	GENERAL PARTNER INFORMATION	. 13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	P9900023534 MARINA AT MARINA BAY INC	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	13651 N.W. 4TH STREET PEMBROKE PINES FL	CITY-ST-ZIP	600018294926
DOCUMENT / NAME		STREET ADDRESS	05/06/0301064001 **526.25
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DOCUMENT # NAME		STREET ADDRESS	
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 the two 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:

STAPLE CHECK HENE

SIGNATURE AND TYPED OR DEFINED NAME OF SIGNING GENERAL PARTNER

4-30-03

954-437-1435

Daytime Phone #

CR2E003 (10