

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001000  
AV

DOCUMENT # **A00000000347**

1. Entity Name  
**HALF-CIRCLE PROPERTY, LTD.**

**FILED**  
**02 MAY -1 PM 1:10**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



Principal Place of Business  
**1632 PENNSYLVANIA AVE.  
MIAMI BEACH FL 33139**

Mailing Address  
**1632 PENNSYLVANIA AVE.  
MIAMI BEACH FL 33139**

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State

City & State

Zip Country Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **65-0986414**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ROBINS, CRAIG  
1632 PENNSYLVANIA AVE.  
MIAMI BEACH FL 33139**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$100,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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 #	<b>P00000020024</b>
NAME	<b>HALF-CIRCLE PROPERTY, INC.</b>
STREET ADDRESS	<b>1632 PENNSYLVANIA AVE.</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300005505323--2</b>
CITY-ST-ZIP	<b>-05/13/02--01015--025</b>
	<b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CF2E003 (9/01)

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

**HALF-CIRCLE PROPERTY, INC., General Partner**

SIGNATURE: **SIGNATURE REQUIRED** *THE Pres* **4/15/02 (305) 531-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #