


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001100 AV

DOCUMENT # A98000001484 1. Entity Name MIRAMAR APARTMENTS, LTD.	
---	---

FILED

03 APR -2 AM 11: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 100 SOUTH BISCAYNE BLVD., SUITE 1100 MIAMI FL 33131	Mailing Address 100 SOUTH BISCAYNE BLVD., SUITE 1100 MIAMI FL 33131
---	---



2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0780913	
City & State	City & State	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLLO, JEROME 100 SOUTH BISCAYNE BLVD., SUITE 1100 MIAMI FL 33131	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$7,500.00	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 # P97000034035 NAME MIRAMAR APARTMENTS, INC. STREET ADDRESS 100 SOUTH BISCAYNE BLVD., STE 1100 CITY-ST-ZIP MIAMI FL 33131	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-weight: bold; font-size: 1.2em;">400015030354</div> <div style="text-align: center;">04/01/03--01054--013 **141.25</div>
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

CR2E003 (10/02)

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:  **Wayne R. Hollo** 4/11/03

SIGNATURE REQUIRED

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