

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001872 AV

DOCUMENT # **A00000000347**



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

**FILED**

03 APR 30 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-0986414**

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

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

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

DATE \_\_\_\_\_

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

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 # **P00000020024**  
NAME **HALF-CIRCLE PROPERTY, INC.**  
STREET ADDRESS **1632 PENNSYLVANIA AVE.**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

STREET ADDRESS

CITY-ST-ZIP

**200017608322**

DOCUMENT # \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

STREET ADDRESS

CITY-ST-ZIP

**04/30/03--01097--011 \*\*526.25**

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CITY-ST-ZIP \_\_\_\_\_

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CITY-ST-ZIP \_\_\_\_\_

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 filing as required by Chapter 620, Florida Statutes

**Half Circle Property, Inc., General Partner**

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

**4/14/03**

**305-531-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE