


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001347 AV

**DOCUMENT # A00000001004**

1. Entity Name  
2855 COCOANUT AVENUE ASSOCIATES, LTD.



**FILED**  
03 MAY -2 PM 7:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business  
2761 WEST TRADE AVENUE  
COCONUT GROVE FL 33133

Mailing Address  
2761 WEST TRADE AVENUE  
COCONUT GROVE FL 33133



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

**DUE BY MAY 1, 2003**

4. FEI Number **65-1021989**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LUIS, MICHAEL A**  
2761 WEST TRADE AVENUE  
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

**000017901120**  
**05/02/03--01071--011** **\*\*141\_25**  
**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. **\$100.00**

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

|                |   |
|----------------|---|
| DOCUMENT #     | <b>579593</b>   |
| NAME           | <b>LUIS DEVELOPMENT &amp; CONSTRUCTION COMPANY, I</b> |
| STREET ADDRESS | <b>2761 WEST TRADE AVENUE</b>                         |
| CITY-ST-ZIP    | <b>COCONUT GROVE FL 33133</b>                         |
| 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 |  |
| CITY-ST-ZIP    |  |
| STREET ADDRESS |  |
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| STREET ADDRESS |  |
| 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 report as required by Chapter 620, Florida Statutes

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** **4/29/03 (305) 446-1929**

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

CP2E003 (10/02)

STAPLE CHECK HERE