

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015156 AT

DOCUMENT # **A00000001344**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**03 JUL -7 PM 2:16**

1. Entity Name  
**RIVERWALK AT TIN CITY LIMITED PARTNERSHIP**

Principal Place of Business  
**801 12TH AVENUE SOUTH, STE 300  
NAPLES FL 34102**

Mailing Address  
**801 12TH AVENUE SOUTH, STE 300  
NAPLES FL 34102**



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 **65-1034858**

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

**DEPASQUALE, VINCENT  
801, 12TH AVENUE SOUTH, STE 300  
NAPLES FL 34102**

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. **\$495.00**

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 # **537413**  
NAME **RIVERWALK TAVERN, INC.**  
STREET ADDRESS **801 12TH AVENUE SOUTH, STE 300**  
CITY-ST-ZIP **NAPLES FL 34102**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**900018471869**  
**05/02/03-01006-005 \*\*52.50**

DOCUMENT #  
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CITY-ST-ZIP

**900018471869**  
**07/07/03-01022-014 \*\*88.75**

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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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/14/03**

**239-261-4191**

Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE