

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** A0000001426

**1. Entity Name:**  
Bermuda Estates Associates, LTD.

**FILED**

**02 MAY -1 AM 11:34**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
1515 N Federal Hwy

**3. Mailing Address**  
1515 N Federal Hwy

Suite, Apt. #, etc.  
Suite 306

Suite, Apt. #, etc.  
Suite 306

**DUE BY MAY 11**

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

**4. FEI Number**  
59-3670309

Applied For  
Not Applicable

Zip  
33432

Country  
USA

Zip  
33432

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name  
Coley, Richard T. Sr.

Street Address (P.O. Box Number is Not Acceptable)  
2412 W. Country Club Avenue

City  
Tampa

FL Zip Code  
33611

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

DATE \_\_\_\_\_

**9. Capital Contributions**  
as Shown on record, \$3,502,000.00

**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 #	P99000032665
NAME	CCM Advisors, Inc.
STREET ADDRESS	2412 W. Country Club Avenue
CITY-ST-ZIP	Tampa, FL 33611

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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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)(f), 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:**  **Mark A. Gensheimer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**(561) 750-1030**

Date Daytime Phone #

STAPLE CHECK HERE