

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006244 AT

DOCUMENT # **A02000000624**



1. Entity Name
AMELIA ISLAND YACHT BASIN, LTD.

FILED

2003 JAN 24 PM 3:59

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**1200 RIVERPLACE BOULEVARD, SUITE 902
JACKSONVILLE FL 32207**

Mailing Address
**1200 RIVERPLACE BOULEVARD, SUITE 902
JACKSONVILLE FL 32207**

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
03-0430633

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

**FRANKLIN, BEN T JR.
1200 RIVERPLACE BOULEVARD, SUITE 902
JACKSONVILLE FL 32207**

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. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$200,000**

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 #	L02000009647	STREET ADDRESS	
NAME	AMELIA ISLAND YACHT BASIN, LLC	CITY-ST-ZIP	
STREET ADDRESS	1200 RIVERPLACE BOULEVARD, SUITE 902		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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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** **1/15/03** **904-399-1200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)