

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A28480**



**FILED**

**03 APR 16 PH 2:45**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*MJM*



1. Entity Name  
**MOORE HAVEN COMMONS, LTD.**

Principal Place of Business <b>5505 N. ATLANTIC AVENUE COCOA BEACH FL 32931</b>	Mailing Address <b>5505 N. ATLANTIC AVENUE COCOA BEACH FL 32931</b>
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **59-2950806**

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

**MCPHILLIPS, JACQUELINE  
5505 N. ATLANTIC AVENUE  
COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent

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. **\$1,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,500.00**

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 #	DEHARDER, ROBERT
NAME	5505 N. ATLANTIC AVENUE
STREET ADDRESS	COCOA BEACH FL 32931
CITY-ST-ZIP	
DOCUMENT #	MCPHILLIPS, FRANCIS
NAME	5505 N. ATLANTIC AVENUE
STREET ADDRESS	COCOA BEACH FL 32931
CITY-ST-ZIP	
DOCUMENT #	FRAZIER, JOHN
NAME	5505 N. ATLANTIC AVENUE
STREET ADDRESS	COCOA BEACH FL 32931
CITY-ST-ZIP	
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	<b>300016121199</b> <b>04/16/03--01065--019 **150.00</b>
STREET ADDRESS	
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 report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE *[Signature]* **4-9-03** **321-999-4090**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)