

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29035**

1. Entity Name  
**LONGBOAT KEY MARINA ASSOCIATES, LTD.**

Principal Place of Business <b>2600 DOUGLAS RD. #803 CORAL GABLES FL 33134</b>	Mailing Address <b>2600 DOUGLAS RD. #803 CORAL GABLES FL 33134-6149</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2800 Harbourside Dr</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>Longboat Key, FL</b>	City & State	4. FEI Number <b>65-0159539</b>	Applied For Not Applicable
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Zip <b>34228</b>	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MATTHEW INVESTMENTS, INC. 2600 DOUGLAS RD., #803 CORAL GABLES FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$2,850,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>L21262 MATTHEW INVESTMENTS, INC 2600 DOUGLAS RD., #803 CORAL GABLES FL 33134</b>	STREET ADDRESS CITY - ST - ZIP	<i>WES</i>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>300003293039--9 -06/15/00--0059--019 ****535.00 ****535.00</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>FILED 00 MAY -1 PM 10 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>
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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: *W. B. TAYLOR* **SIGNATURE REQUIRED** **4/28/00** **305 448 1070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

100-111 A

CF 1103 (1-03)