

2001 UNIFORM BUSINESS REPORT (UBR)

001130 AF

DOCUMENT # A29035
 1. Entity Name
LONGBOAT KEY MARINA ASSOCIATES, LTD.

FILED

Principal Place of Business Mailing Address
2800 HARBOURSIDE DR. **2800 HARBOURSIDE DR.**
LONGBOAT KEY FL 34228 **LONGBOAT KEY FL 34228**

01 MAY -3 PM 12:08

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

2600 Douglas Rd
SOS
Coral Gables, FL
33134 USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MATTHEW INVESTMENTS, INC.
2600 DOUGLAS RD., #805 SOS
CORAL GABLES FL 33134

4. FEI Number Applied For
65-0159539 Not Applicable

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

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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent's signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$2,850,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$2,850,000** 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 #	L21262
NAME	MATTHEW INVESTMENTS, INC
STREET ADDRESS	2600 DOUGLAS RD., #805 SOS
CITY-ST-ZIP	CORAL GABLES FL 33134
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400004334944--4
CITY-ST-ZIP	05/30/01 01100-001 ****535.00 ****535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: William G Vernon **William G Vernon** **4/30/01** **305 478 1070**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)