

2002 UNIFORM BUSINESS REPORT (UBR)

0001404 AV

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

FILED
 02 APR 30 PM 4:21
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJM



Principal Place of Business: **2800 HARBOURSIDE DR. LONGBOAT KEY FL 34228**
 Mailing Address: **2600 DOUGLAS RD., #505 CORAL GABLES FL 33134**

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

DUE BY MAY 1, 2002
 4. FEI Number **65-0159539**
 Applied For / Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MATTHEW INVESTMENTS, INC.
2600 DOUGLAS RD., #505
CORAL GABLES FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,850,000.00**
 10. Amount of Capital Contributions in FLORIDA to date. **\$2,850,000.00**
 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 # NAME STREET ADDRESS CITY-ST-ZIP	L21262 MATTHEW INVESTMENTS, INC 2600 DOUGLAS RD., #505 CORAL GABLES FL 33134
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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******535.00 ****535.00**

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 **4/29/02** **305-448-1070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)