


**FILED**  
 03 MAY -6 PM 7:21  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**2003 LIMITED PARTNERSHIP  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # A29035</b>			
1. Entity Name <b>LONGBOAT KEY MARINA ASSOCIATES, LTD.</b>			
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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0159538</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MATTHEW INVESTMENTS, INC. 2600 DOUGLAS RD., #505 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 date if applicable.			
9. Capital Contributions as Shown on record. <b>\$2,850,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> 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 #	L21282	STREET ADDRESS	
NAME	MATTHEW INVESTMENTS, INC	CITY - ST - ZIP	
STREET ADDRESS	2600 DOUGLAS RD., #505		
CITY - ST - ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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: <i>William G. Vernon</i> <b>William G. Vernon</b>		305 418 1070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	
		4/30/03	

**MJM**



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