


2001 UNIFORM BUSINESS REPORT (UBR)

0008277 AF

DOCUMENT # A32854
 1. Entity Name
THE HIDEAWAY MARINA LIMITED PARTNERSHIP

Principal Place of Business Mailing Address
ATTN: PIERRE GAUDREAU **C/O ADAM S. GUNSON, ESQ.**
599 SOUTH FEDERAL HIGHWAY **6390 INDIANTOWN ROAD, SUITE 30**
POMPANO BEACH FL 33062 **JUPITER FL 33458**

FILED
 APR 20 PM 12:16
 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

4. FEI Number **65-0325163** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GUMSON, ADAM S. ESQ.
CHASEWOOD PLAZA-SUITE 30
6390 INDIANTOWN ROAD
JUPITER FL 33458

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. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$792,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	V21204
NAME	THE HIDEAWAY MARINA, INC.
STREET ADDRESS	599 S. FEDERAL HIGHWAY
CITY - ST - ZIP	POMPANO BEACH FL
DOCUMENT #	
NAME	
STREET ADDRESS	
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	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	900004137459-6
CITY - ST - ZIP	05/04/01-01109-010- ****535.00 ****535.00
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: *[Signature]* **REQUIRE REQUIRED** **4/13/01** **(954) 943 - 3200**
 By: SIGNATURE AND PRINTED NAME OF SIGNER GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)