

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009471 AT

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



FILED

03 JUL 16 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
ATTN: PIERRE GAUDREAU  
599 SOUTH FEDERAL HIGHWAY  
POMPANO BEACH FL 33062

Mailing Address  
599 S. FEDERAL HWY.  
POMPANO BEACH FL 33062

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

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

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAUDREAU, PIERRE**  
599 S. FEDERAL HWY  
POMPANO BEACH FL 33062

Name **F. RONALD MASTRIANO, ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1500 NORTH FEDERAL HIGHWAY**  
**SUITE 200**  
City **FORT LAUDERDALE** FL Zip Code **33304**

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

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

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	<b>V21204</b>
NAME	<b>THE HIDEAWAY MARINA, INC.</b>
STREET ADDRESS	<b>599 S. FEDERAL HIGHWAY</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>
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	<b>600021588006</b>
CITY-ST-ZIP	<b>07/16/03 01026 015 **935.00</b>
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: **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **6/30/03** Daytime Phone # **954-443-3200**

CR2E003 (10/02)