

2001 UNIFORM BUSINESS REPORT (UBR)

000865 AF

DOCUMENT # A96000001261

1. Entity Name

MUTINY ON THE BAY, LTD.

Principal Place of Business

2951 S. BAYSHORE DR.
COCONUT GROVE FL 33133

Mailing Address

1200 BRICKELL AVENUE, SUITE 900
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

c/o AGI Registered Agents, Inc

1200 Brickell Ave. suite 900

Miami, Florida

33131

U.S.A

4. FEI Number

65-0681967

Applied For

Not Applicable

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

AGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, SUITE 900
MIAMI FL 33131

Name

AGI Registered Agents

Street Address (P.O. Box Number is Not Acceptable)

1200 Brickell Avenue

Suite 900

City

Miami

FL

Zip Code

33131

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

President

4/15/01

9. Capital Contributions as Shown on record.

\$1,000,000.00

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000085843
NAME FLAGLER BAY, INC.
STREET ADDRESS 2951 S. BAYSHORE DR.
CITY-ST-ZIP COCONUT GROVE FL 33133

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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1052.50 *526.25

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

FILED

01 MAY -1 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE