

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -2 PM 7:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



DOCUMENT # A96000001261

1. Entity Name  
MUTINY ON THE BAY, LTD.



Principal Place of Business  
1001 BRICKELL BAY DRIVE, STE. 2410  
MIAMI FL 33131

Mailing Address  
C/O AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVE., STE. 900  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

C/O FLAGLER HOLDING GROUP, INC.

Suite, Apt. #, etc. Suite 2410

501 1001 Brickell Bay Dr.

City & State  
MIAMI, FLORIDA

Zip  
33131

Country  
US

DUE BY MAY 1, 2003

City & State  
MIAMI, FLORIDA

4. FEI Number 65-0681967

Applied For  
Not Applicable

Zip  
33131

Country  
US

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

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

Name JOHN PETERSEN

Street Address (P.O. Box Number is Not Acceptable)  
1001 Brickell Bay Dr. Suite 2410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Petersen - CFO*

DATE 4-28-2003

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 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000085843  
NAME FLAGLER BAY, INC.  
STREET ADDRESS 1001 BRICKELL BAY DRIVE, STE. 2410  
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS

CITY-ST-ZIP

800017910478  
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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: X SIGNATURE REQUIRED

4-18-03

305-373-5020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0001272 AV