

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

001981  
AT

DOCUMENT # **A96000001283**

1. Entity Name

**THE HATTERAS APARTMENTS, LTD.**

02 APR 22 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**3460 FAIRLANE FARMS ROAD  
SUITE 13  
WELLINGTON FL 33414**

Mailing Address

**3460 FAIRLANE FARMS RD., SUITE 13  
WELLINGTON FL 33414**



2. Principal Place of Business

**11576 Pierson Rd**

3. Mailing Address

**11576 Pierson Rd**

Suite, Apt. #, etc.

**Suite - K-8**

Suite, Apt. #, etc.

**Suite - K-8**

**DUE BY MAY 1, 2002**

City & State

**Wellington FL**

City & State

**Wellington, FL**

4. FEI Number

**59-1740355**

Applied For

Not Applicable

Zip

**33414**

Country

**USA**

Zip

**33414**

Country

**USA**

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSEN, PAUL**

**3460 FAIRLANE FARMS RD., SUITE 13  
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

**Paul Rosen**

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

**11576 Pierson Rd - ste K-8**

City

**Wellington**

FL

Zip Code

**33414**

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.

**Paul Rosen PAUL ROSEN**

DATE

**4-18-02**

9. Capital Contributions as Shown on record.

**\$300,000.00**

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 # **P96000041487**  
NAME **THE HATTERAS APARTMENTS, INC.**  
STREET ADDRESS **3460 FAIRLANE FARMS RD., SUITE 13**  
CITY-ST-ZIP **WELLINGTON FL 33414**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **11576 Pierson Rd - Ste K-8**  
CITY-ST-ZIP **Wellington, FL 33414**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**200005451952**  
**-05/06/02-01013-012**  
**\*\*\*526.25 \*\*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

CR2E003 (9/01)

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:

**Paul Rosen PAUL ROSEN 4-18-02 561-790-7453**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #