

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000000150**

1. Entity Name

LLC WATER'S INLET LIMITED PARTNERSHIP

Principal Place of Business
**50 N. LAURA ST., STE 3100
JACKSONVILLE FL 32202**

Mailing Address
**50 N. LAURA ST., STE 3100
JACKSONVILLE FL 32202**

FILED

01 AUG 16 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 26, 2001

4. FEI Number

☒ 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

**MAIMAN, LEONARDO J
50 N. LAURA ST., STE 3100
JACKSONVILLE FL 32202**

Name

**LEONARDO J. MAIMAN, Esquire
AKERMAN, SENTERFITT & EDSON, P.A.**

Street Address

**50 N. LAURA STREET
SUITE 2500**

City

JACKSONVILLE, FL 32202

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]

(NOTE: Registered Agent signature required when reinstating)

8/13/01

DATE

9. Capital Contributions
as Shown on record.

\$0.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P00000004363**
NAME **LLC WATER'S INLET, INC.**
STREET ADDRESS **489 5TH AVENUE, 28TH FL**
CITY-ST-ZIP **NEW YORK NY**

STREET ADDRESS

CITY-ST-ZIP

452.50-4P

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

88.75-Adm

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7.17.01

212867 6363

CR2E003 (5/01)