

2001 UNIFORM BUSINESS REPORT (UBR)

0016762 AF

DOCUMENT # A00000000370

1. Entity Name

LEGENDARY OFFICE BUILDING, LTD.

FILED

01 APR 30 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

385 HIGHWAY 98 EAST, SUITE 60
DESTIN FL 32541

Mailing Address

385 HIGHWAY 98 EAST, SUITE 60
DESTIN FL 32541

2. Principal Place of Business

4460 Legendary Dr.

3. Mailing Address

4460 Legendary Dr.

Suite, Apt. #, etc.

Ste. 400

Suite, Apt. #, etc.

Ste. 400

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

USA

Zip

32541

Country

USA

4. FEI Number

59-3626732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEGLER, MITCHELL A
300A WHARFSIDE WAY
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

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

City

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, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,075,931.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,075,031.00

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 # P99000101742
NAME LEGENDARY OFFICE BUILDING, INC.
STREET ADDRESS 385 HIGHWAY 98E, STE. 60
CITY-ST-ZIP DESTIN FL 32541

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4460 Legendary Dr., Ste. 400
CITY-ST-ZIP Destin, FL 32541

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Peter H. Bos

4/25/01

Date

850-337-8000

Daytime Phone #

CR2E003 (11/00)