

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007178 AT

DOCUMENT # A00000000370



1. Entity Name
LEGENDARY OFFICE BUILDING, LTD.

FILED
03 APR 30 AM 5:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
4460 LEGENDARY DR., STE. 400
DESTIN FL 32541

Mailing Address
4460 LEGENDARY DR., STE. 400
DESTIN FL 32541



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3626732

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

LEGLER, MITCHELL A
300A WHARFSIDE WAY
JACKSONVILLE FL 32207

Name
LEGLER, MITCHELL W.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$1,075,931.00

10. Amount of Capital Contributions in FLORIDA to date. \$592,412.00

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 # P99000101742
NAME LEGENDARY OFFICE BUILDING, INC.
STREET ADDRESS 4460 LEGENDARY DR., STE. 400
CITY-ST-ZIP DESTIN FL 32541

STREET ADDRESS
CITY-ST-ZIP 400017341164
04/30/03--01007--009 **526.25

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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

Peter H. Bos

4/24/03

(850) 337-8000

Date

Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE