

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000000756**

1. Entity Name
SWORDFISH INVESTMENTS, LTD.

Principal Place of Business
**C/O MR. AND MRS. LESLIE W. LEECH
P.O. BOX 783 619 ISLAND DRIVE
KEY LARGO FL 33037**

Mailing Address
**C/O MR. AND MRS. LESLIE W. LEECH
P.O. BOX 783 619 ISLAND DRIVE
KEY LARGO FL 33037**

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 26 PM 2:16



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

651012190

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

**M & W AGENTS, INC.
BOCA CORPORATE CENTER
2101 CORPORATE BLVD SUITE 107
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

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

300004659903--8

-10/30/01--01093--007

City

*******88.75 *****88.75**

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$3,000,010.00

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 # **L00000004983**
NAME **SWORDFISH HOLDINGS, LLC.**
STREET ADDRESS **P.O. BOX 783 619 ISLAND DRIVE**
CITY-ST-ZIP **KEY LARGO FL 33037**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

L.W. LEECH

Date

Daytime Phone #

9/20/01 305-451-1045

CP2E003 (5/01)

20/2

FLORIDA DEPT. OF STATE

L.W. LEECH
P.O. BOX 783
619 ISLAND DRIVE
KEY LARGO FL.

33037

Dear Brenda:

We did not receive notice of January 2001 requiring the filing of annual report by May 1/2001.

We have enclosed check for \$88.75 for supplemental fee.

This is in accordance with our telephone conversation of October 22/2001.

Sincerely,



L.W. LEECH