

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -8 AM 11:26

W4/11

DOCUMENT # A00000000945

1. Entity Name

MCCALL'S BEACH CASTLE BAYSIDE, LTD.



DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5310 GULF OF MEXICO DR.

3. Mailing Address

SAME

State, Apt. #, etc.

State, Apt. #, etc.

DUE BY: MAY 1

City & State
LONGBOAT KEY

City & State

4. FEI Number

65-1023649

Applied For

Not Applicable

Zip
FL

Country
34228

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
RIC GREGORIA, ESQ.

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

200 S. ORANGE AVE.

City SARASOTA

FL

Zip Code
34236

**DO NOT WRITE
IN THIS SPACE**

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 of each of limited partner or registered agent and file of application

Date

9. Capital Contributions

\$1,400,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT #
NAME
P00000056093
MCCALL'S BEACH CASTLE BAYSIDE CORP
STREET ADDRESS
5310 GULF OF MEXICO DR.
CITY-ST-ZIP
LONGBOAT KEY, FL 34228

STREET ADDRESS
CITY-ST-ZIP
400015445234
04/08/03--01005--001 **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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

JEAN MCCALL X 04/03/03 X 941-355-7420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Signature Photo

STAPLE CHECK HERE

CR2E0036 (12/02)