2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A0000001239 **DOCUMENT #** 1. Entity Name FLORIDA BAY AT TRACT 20 LIMITED PARTNERSHIP



Principal Place of Business

Mailing Address

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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| NAPLES FL 34105 | | NAPLES FL 34105 | NAPLES FL 34105 | | | L'Million - | , - | |
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| Ė | | | | | | | | |
| 2. Principal Place of Business 3 | | 3. Mailing Address | . Mailing Address | | | NI ARINI, RANIN BANIN ARINI DENIN BANI | 3014 11 618 11448 11146 1411 1 661 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DUE BY MAY 1, 2003 | | | |
| City & Stat | re | City & State | City & State | | 35 3004000 | | Applied For Not Applicable | |
| Zip | Country | Zip . | Counti | | 5. Certificate of | 5. Certificate of Status Desired See Required \$8.75 | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | |
| PASSIDOMO, JOHN | | | | Name | | | | |
| 821 5TH AVE., S. #201 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| NAPLES FL 34102 | | | | | | | | |
| | | | | | | | | |
| | | | | City FL Zip Code | | | | |
| | named entity submits this statemetions of registered agent. | nt for the purpose of changing i | its registered | office or regis | stered agent, or both, | n the State of Florida. 1 an | n familiar with, and accept | |
| SIGNATURE | Signature, typed or printed name of registered | agent and title if applicable. | | | | DATE | | |
| 9. Capital Contributions as Shown on record. \$1,677,000.00 10. Amount of Capital in FLORIDA to da | | | | tions | | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | | |
| | | ER THAT IS A BUSINESS E MAY NOT be changed on | | | | | | |
| 12. GENERAL PARTNER INFORMATION 1 | | | | | | | | |
| DOCUMENT / P98000093696 NAME FLORIDA BAY PARTNERS, INC. | | | STREET | ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | 3200 BAILEY LANE, SUITE 1 NAPLES FL 34105 | | CITY-S1 | F-ZIP | | | | |
| DOCUMENT ≠ NAME | | | STREET | ADDRESS | 300016084693 04/16/0301004017 **\$26.25 | | | |
| STREET ADDRESS | | | CITY-S1 | r-ZIP | | | | |

DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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 in the receiver of trustee empowered to execute in the receiver of the limited partnership or the receiver or trustee empowered to execute in the receiver of the limited partnership or the receiver or trustee empowered to execute in the receiver of the limited partnership or the receiver or trustee empowered to execute in the receiver of the limited partnership or the receiver or trustee empowered to execute in the receiver of the limited partnership or the receiver or trustee empowered to execute in the receiver of the receiver or trustee empowered to execute in the receiver of the receiver or trustee empowered to execute in the receiver or trustee empowered to execute in the receiver or trustee empowered to execute in the receiver of the receiver or trustee empowered to execute in the receiver of the receiver or trustee empowered to execute in the receiver of the receiver or trustee empowered to execute in the receiver of the receiver or trustee empowered to execute in the receiver of t

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