

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 29, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000001358**

1. Entity Name

INTRACOASTAL WATERWAY PARTNERS, LTD.

Principal Place of Business

900 OSCEOLA DR  
SUITE 222  
WEST PALM BEACH  
33409

FL

Mailing Address

900 OSCEOLA DR  
SUITE 222  
WEST PALM BEACH  
33409

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

65-1037679

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

VIGOA MIRTO  
900 OSCEOLA DR  
SUITE 222  
WEST PALM BEACH  
33409

FL

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 **MIRTO VIGOA**

05/29/2001

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. 4,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 4,000.00

**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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME INTRACOASTAL ADMINISTRATION INC  
STREET ADDRESS 900 OSCEOLA DR STE 222  
CITY-ST-ZIP WEST PALM BEACH FL 33409

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: **MIRTO VIGOA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

VP

05/29/2001

Date

Daytime Phone #

CR2E003 (11/00)