


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011851 AT

**DOCUMENT # A00000001358**

1. Entity Name  
**INTRACOASTAL WATERWAY PARTNERS, LTD.**



**FILED**  
03 MAY -9 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

Principal Place of Business  
**900 OSCEOLA DR  
SUITE 222  
WEST PALM BEACH FL 33409**

Mailing Address  
**900 OSCEOLA DR  
SUITE 222  
WEST PALM BEACH FL 33409**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-1037679** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VIGOA, MIRTO  
900 OSCEOLA DR  
SUITE 222  
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$4,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000078208	STREET ADDRESS	
NAME	INTRACOASTAL ADMINISTRATION INC	CITY-ST-ZIP	<b>700018686147</b>
STREET ADDRESS	900 OSCEOLA DR STE 222		05/09/03--01108--004 **141.25
CITY-ST-ZIP	WEST PALM BEACH FL 33409		
DOCUMENT #		STREET ADDRESS	
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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: **X** SIGNATURE REQUIRED **KAREN HOOVER** 1/24/03, 183-1211 (561)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)