

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016013 AT

DOCUMENT # A00000001424

1. Entity Name

KEYSTONE WATERFRONT LIMITED PARTNERSHIP

FILED

02 MAY -1 PM 5: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

34350 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

Mailing Address

34350 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3675238

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAKIM, JEAN

34350 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$10,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000013616  
NAME NEW ERA MANAGEMENT, INC.  
STREET ADDRESS 34350 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP PALM HARBOR FL 34684

STREET ADDRESS

CITY-ST-ZIP

400005503864--6  
-05/10/02--01092--010  
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/02

Date

Daytime Phone #

CR2E003 (9/01)