

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016292  
AT

DOCUMENT # A00000001424

1. Entity Name  
KEYSTONE WATERFRONT LIMITED PARTNERSHIP



FILED

03 APR -7 AM 11:05

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

1210 US HWY 19

3. Mailing Address

1210 US HWY 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4

Suite 4

City & State

City & State

Holiday, FL

Holiday, FL

Zip

Zip

Country

Country

34690 USA

34690 USA

DUE BY MAY 1, 2003

4. FEI Number 59-3675238

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAKIM, JEAN  
34350 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

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

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

DATE

9. Capital Contributions

\$10,000.00

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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M THOMAS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/2/03 707-943-5052

Date

Daytime Phone #

CR2E003 (10/02)