

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012715 AF

DOCUMENT # A00000001609

1. Entity Name

CANARY ISLES, LTD.

FILED

01 APR 30 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
415 E. PALMETTO AVENUE  
MELBOURNE FL 32935

Mailing Address  
415 E. PALMETTO AVENUE  
MELBOURNE FL 32935

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3677847

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

LARKIN, DAVID G ESQ.  
1900 S. HICKORY STREET, SUITE A  
MELBOURNE FL 32901

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)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$10.00

10. Amount of Capital Contributions  
in FLORIDA to date.

10.00

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 # P00000098879  
NAME AAVANTI BUILDING & DEVELOPMENT, INC.  
STREET ADDRESS 3401 N. HARBOR CITY BLVD.  
CITY-ST-ZIP MELBOURNE FL 32935

STREET ADDRESS 3410 N Harbor City Blvd  
CITY-ST-ZIP Melbourne, FL 32935

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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

MARK D. Petroni 4/18/01 321-254-2796  
Date Daytime Phone #

CR2E003 (11/00)