

# **LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A 00000001609

1. Entity Name

Canary Isles, Ltd.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3410 N. Harbor City Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Zip

32935

Country

USA

Zip

Country

**DUE BY MAY 1**

4. FEI Number

59-3677847

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name: David G. Larkin, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1900 S. Hickory Street, Suite A

City

Melbourne

FL

Zip Code

32901

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.

5-1-02

DATE

9. Capital Contributions  
as Shown on record.

\$10.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

~~Document # 1, Inc & Partners  
3410 N. Harbor City Blvd  
Melbourne, FL 32935~~

STREET ADDRESS

CITY-ST-ZIP

500006562285--9

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

AVANT Building & Development, Inc  
3410 N Harbor City Blvd  
Melbourne, FL 32935

STREET ADDRESS

CITY-ST-ZIP

-07/23/02--01004--030

\*\*\*\*141.25 \*\*\*\*141.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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**DO NOT WRITE  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE



FILED

FLORIDA DEPARTMENT OF STATE 2002 JUL 18 PM 12:10

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

July 2, 2002

CANARY ISLES, LTD.  
3410 N. HARBOR CITY BLVD.  
MELBOURNE, FL 32935

SUBJECT: CANARY ISLES, LTD.  
Ref. Number: A00000001609

We have received your document for CANARY ISLES, LTD. and check(s) totaling \$526.25. However, your check(s) and document are being returned for the following:

The fee to file the enclosed annual report/uniform business report is \$141.25. If a certificate of status is desired, please add an additional \$8.75. The basic annual report/uniform business report filing fee is figured at the rate of \$7.00 per thousand on the actual capital contribution plus a supplemental fee of \$88.75 pursuant to s. 607.193, Florida Statutes, effective 1/1/97. The filing fee shall be no less than \$141.25 (\$52.50 + \$88.75) and no more than \$526.25 (\$437.50 + \$88.75).

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 802A00040227