

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00000000 AT

DOCUMENT # A01000000038

1. Entity Name
3005 ACQUALINA PARTNERS, LTD.



FILED

03 APR 10 PM 1:30

Principal Place of Business
1250 EAST HALLANDALE BEACH BLVD. STE 902
HALLANDALE BEACH FL 33009

Mailing Address
1250 EAST HALLANDALE BEACH BLVD. STE 902
HALLANDALE BEACH FL 33009

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1008

Suite, Apt. #, etc.

1008

City & State

City & State

4. FEI Number 65-1083427

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARBIN, EVAN
48 EAST FLAGLER STREET, PENTHOUSE 104
MIAMI FL 33131

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
as Shown on record.

\$200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$200,000

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 # L00000007296
NAME EXPONENTIAL GROWTH PARTNERS, LLC.
STREET ADDRESS 48 EAST FLAGLER ST., PH-104
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS

CITY-ST-ZIP

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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:

Denise P. P. P. REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-903

954-455-3005
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE