

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000135

1. Entity Name  
BRIDGEWATER CLUB PARTNERS, LTD.



FILED

03 MAY -1 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1103 W. HIBISCUS BLVD., SUITE 408  
MELBOURNE FL 32901

Mailing Address  
1103 W. HIBISCUS BLVD., SUITE 408  
MELBOURNE FL 32901



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 58-2660223

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVE.  
SUITE 1100  
ORLANDO FL 32801

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. \$4,031,078

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F98000001282  
NAME REGENCY INVESTMENT ASSOCIATES, INC.  
STREET ADDRESS 2700 WYCLIFF ROAD, SUITE 312  
CITY-ST-ZIP RALEIGH NC 27607

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # L02-000030679  
NAME CED BRIDGEWATER, LLC.  
STREET ADDRESS 1551 SANDSPUR ROAD  
CITY-ST-ZIP MAITLAND, FL 32751

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # 900018673179  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
05/09/03--01054--024 \*\*526.25

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E003 (10/02)

00000000 AT