

# 2002 UNIFORM BUSINESS REPORT (UBR)

0013465 AT

**DOCUMENT #** A01000000780

**1. Entity Name**  
MARCELINA, LLP

**FILED**  
02 JUN 24 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**BMJH**



**Principal Place of Business**  
2506 S. MACDILL AVE., SUITE A  
TAMPA FL 33629

**Mailing Address**  
2506 S. MACDILL AVE., SUITE A  
TAMPA FL 33629

**2. Principal Place of Business**  
600 S. MAGNOLIA  
Suite, Apt. #, etc. # 315  
City & State TAMPA, FLORIDA  
Zip 33606 Country USA

**3. Mailing Address**  
600 S. MAGNOLIA  
Suite, Apt. #, etc. # 315  
City & State TAMPA, FLORIDA  
Zip 33606 Country USA

**DUE BY MAY 1, 2002**

**4. FEI Number** 59-3723475  
Applied For Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., 28TH FLOOR  
MIAMI FL 33131

**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.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions** as Shown on record. \$10,000,000.00

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000006909	STREET ADDRESS	
NAME	MLDJ II, INC.	CITY-ST-ZIP	
STREET ADDRESS	2506 S. MACDILL AVE., SUITE A		
CITY-ST-ZIP	TAMPA FL 33629		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:** \_\_\_\_\_ **5/1/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)