

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013265 AT

DOCUMENT # A01000000780

1. Entity Name
MARCELINA, LLLP



FILED
03 MAY -6 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
600 S. MAGNOLIA, #375
TAMPA FL 33606

Mailing Address
600 S. MAGNOLIA, #375
TAMPA FL 33606



2. Principal Place of Business
341 PLANK AVE 50.

3. Mailing Address
341 PLANK AVE 50.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number 59-3723475

Applied For
Not Applicable

Zip 33606

Country USA

Zip 33606

Country USA

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. 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. \$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 450,000.00

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

DOCUMENT # P99000006909
NAME MLDJ II, INC.
STREET ADDRESS 2506 S. MACDILL AVE., SUITE A
CITY-ST-ZIP TAMPA FL 33629

13. ADDRESS CHANGES ONLY

STREET ADDRESS 341 PLANK AVE 50.
CITY-ST-ZIP TAMPA, FLORIDA 33606

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 000018292740
CITY-ST-ZIP 05/06/03-01050-024 **526.25

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04.30.03

813.251.5701

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE