

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001275

1. Entity Name

BONITA COVE VILLAS LTD.

FILED

02 APR 29 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7950 N.E. BAYSHORE COURT MIAMI FL 33138	Mailing Address 7950 N.E. BAYSHORE COURT MIAMI FL 33138
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, THEODORE J
88 N.E. 168TH STREET
NORTH MIAMI BEACH FL 33162

Name Steven Z. Levinson
Street Address (P.O. Box Number is Not Acceptable)
900 Bay Drive PH 2
City Miami Beach FL Zip Code 33141

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] DATE 4/26/02
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	\$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P96000084101	STREET ADDRESS	
NAME	PELICAN HARBOUR MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	7950 N.E. BAYSHORE COURT		
CITY-ST-ZIP	MIAMI FL 33138		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400005503234--2
STREET ADDRESS			-05/10/02--01065--018
CITY-ST-ZIP			****150.00 ****150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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] DATE 4/26/02 DAYTIME PHONE # 305.757.5722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

0009864 AT

CR2E003 (9/01)