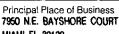
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A01000001275 DOCUMENT

BONITA COVE WILLAS LTD.

Bonita Cove Apartments LTD.



Mailing Address 7950 N.E. BAYSHORE COURT

FILED 03 HAY -6 PH 1: 36 SECRETARY OF STATE TALLAHASSEE FLORIDA

MIAMI FL 33138		MIAMI FL 33138				
2. Principal Place of Business 3.		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003		
City & State		City & State		4. FEI Number APPLIED FOR	Applied For Not Applicable	
Zip	Country	Zip	Country	5 Cartificate of Status Desired	8.75 Additional ee Required	
6. Name and Address of Current Registered Agent			· 	7. Name and Address of New Registered Agent		
LEVINSON, STEVEN & Z.				Name Levinson Steven Z. Street Address (P.O. Box Number is Not Acceptable)		
900 BAY DRIVE, PH 2 MIAMI BEACH FL 33141			<u> </u>			
-			City	FL	Zip Code	
	e named entity submits this state of tions of registered agent. Signature, typed or printed name of registered	A	its registered office or regis	tered agent, or both, in the State of Florida. I am fa	amiliar with, and accept	
9. Capital Contributions as Shown on record. \$1,000.00 In FLORIDA to de				11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
				STERED AND ACTIVE WITH THIS OFFICE ent must be filed to change a general part		
12. GENERAL PARTNER INFORMATION			13.	13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME	PELICAN HARBOUR MANAGEMENT, INC. 7950 N.E. BAYSHORE COURT		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>	
DOCUMENT # NAME			STREET ADDRESS	9000180309 05/06/0301006028	**150.00	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
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DOCUMENT / NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		!	
DOCUMENT #			1		· 	

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-7IP

9/23/03 3057575722 Date Davison Phone: