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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

| | DOCUMENT # A01000001405 1. Entity Name WATERWAYS AT HIBISCUS, LTD. | | | | | TALLAHA | SSEE. | FLORIDA | |
|------------|--|--|---|------|--------------|------------------------------------|-------------------------|---|-----------------------------|
| 1 | | e of Business ATE ROAD 84 3325 | Mailing Address 1 1850 W. STATE ROAD 84 SUITE B-15 DAVIE, FL 33325 | | | | | ine! | |
| | 2. Principal f | Place of Business | 3. Malling Address | | | | | | |
| | Suite, Apt. | ₹, etc. | Suite, Apt. #, elc. | | | YANG MEDILE BY MAY | 2003 | | |
| | City & State | | City & State | | | 4. FEI Number 65-1150218 | - | Applied For | |
| - : | Zip · | Country | Zip | Coun | lry | 5. Certificate of Status Desired | <u></u> ∠\$8 | 75 Additional | _ |
| | Name and Address of Current Registered Agent | | | | Name | 7. Name and Address of New Reg | | | |
| | E.H.G. RESIDENT AGENT, INC. 5100 TOWN CENTER CIRCLE | | | | | P.O. Box Number is Not Acceptable) | | - | - |
| | SUITE 430 BOCA RAT | ON, FL 33486 | • | | | | | | |
| | | | | 1 | City | | FL | Zip Code | 7 |
| | 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, | | | | | | | | ot |
| | SIGNATURE Squature, types or printed name of registered again and life if applicable. | | | | | | DATE | | |
| | Capital Contributions as Shown on record. \$20,000.00 10. Amount of Capital C in FLORIDA to date. | | | | outions | MAKE CHECK! | AYABLE TO IDE FOR FE | FL. DEPT: OF STAT E rinformat ion | E |
| | 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 filled to change a general partner. | | | | | | | | |
| | 12. GENERAL PARTNER INFORMATION | | | 13. | | ADDRESS CHANG | SES ONLY | | ⊒ _æ |
| | DOCUMENT # NAME STREET ADDRESS | WATERWAYS DEVELOPMENT, INC. 11860 W. STATE ROAD 84, SUITE B-15 DAVIE, FL 33325 | | | ET ADDRESS | | | | CR2E003 (10/02) |
| | CITY-ST-ZIP | | | | -ST-ZIP | | | | |
| | DOCUMENT # NAME STREET ADDRESS | | | | ET ADDRESS | | | ** | 5 |
| | CITY-ST-ZIP | | | | -ST-ZIP | | | | |
| | DOCUMENT # NAME STREET ADDRESS | | | 1 | ET ADDRESS | 4000 | | | L (11. #237.5 |
| ř. | CITY-ST-ZIP | | | CUTY | -\$1-ZIP | | | | |
| | DOCUMBIT # | | - \ | stre | ET ADORESS . | | 电流 | | |
| | STREET ADDRESS CITY -ST - ZIP | | | cmy- | -S1-21P | 4000 | 217 | 5061 | |
| CHECK HERE | DOCUMENT # | | | stre | FT ADDRESS . | 10/30/030 | inii- | - <u>010</u> ** | 700,00 |
| 핅 | STREET ADDRESS City-St-Zip | | | cnv. | -51-2iP | | | | |
| STAPLE (| DOCUMENT / | | | STRE | ET ADDRESS | * '' | | *** | |
| STA | STREET ADDRESS CITY-ST-ZIP | | | cnv- | S1-21P | | | | |
| | 14. Thereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florids 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 of trustee empowered to execute this short as required by Chapter 620, Florids Statutes SIGNATURE: | | | | | | | | |

Waterways at Hibiscus, Ltd. 11860 West State Road 84 – Suite B15 Davie, Florida 33325

Telephone (954) 382-0020

Facsimile (954) 382-0055

Florida Dept of State Partnership Section Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Re: Document #A01000001405

To Whom It May Concern:

I have received a Certificate of Revocation regarding our partnership. In July I sent the UBR and a check in the amount of \$237.50 for renewal along with a letter requesting a waiver of the delinquent fees. (Copies attached) In August, I received a notice that we still needed to pay \$400 for delinquent filing fees. We sent a check in the amount of \$400. In September, we received a letter stating that you received our check of \$237.50 but did not receive the document. We sent another document with an original signature. Our check #2017 in the amount of \$400 has not yet been cashed.

I am attaching copies of the documentation above. Please reinstate our partnership. I am enclosing a **replacement check** in the amount of \$400. I am also enclosing a copy of the cancelled check for \$237.50 and another UBR with an original signature.

Sincerely,

Deborah S. Parsons

Comptroller

Attachments

Cc: file