

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000672 AT

DOCUMENT # **A02000000122**

1. Entity Name
STUART WATERFRONT LIMITED PARTNERSHIP



FILED

03 AUG 15 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**275 HAMPTON LANE
KEY BISCAIYNE FL 33149**

Mailing Address
**275 HAMPTON LANE
KEY BISCAIYNE FL 33149**



2. Principal Place of Business
1/2 Anthony Wood
622 Ardmore ave
Suite, Apt. #, etc.

3. Mailing Address
622 Ardmore
Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State **Ardmore PA**

City & State **Ardmore PA**

4. FEI Number
020539975

Applied For
Not Applicable

Zip **19003** Country

Zip **19003** Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, HARLESTON R
275 HAMPTON LANE
KEY BISCAIYNE FL 33149**

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 _____ DATE _____
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 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 # NAME STREET ADDRESS CITY-ST-ZIP	OLD ST. LUCIE, INC. 275 HAMPTON LANE KEY BISCAIYNE FL 33149
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	622 Ardmore ave.
CITY-ST-ZIP	Ardmore PA 19003
STREET ADDRESS	
CITY-ST-ZIP	200022475732 08/21/03--01018--004 **8.75
STREET ADDRESS	
CITY-ST-ZIP	200022475732 08/21/03--01018--005 **541.25
STREET ADDRESS	
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 REQUIRED** *Anthony B. Wood* **Anthony B. Wood** *7/22/03* **610-658-2336**
Signature and typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (4/03)