

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
622 Ardmore ave

3. Mailing Address
622 Ardmore

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State *Ardmore PA*

4. FEI Number
020539975

Applied For
 Not Applicable

Zip *19003* Country

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

6. Name and Address of Current Registered Agent
WOOD, HARLESTON R
275 HAMPTON LANE
KEY BISCAIYNE FL 33149

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>622 Ardmore ave.</i>
CITY-ST-ZIP	<i>Ardmore PA 19003</i>
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)