

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A02000001031**

1. Entity Name
COAST COTTAGE LIMITED PARTNERSHIP, LLLP.



Principal Place of Business
**2808 RABBIT HILL ROAD
TALLAHASSEE FL 32308-0837**

Mailing Address
**2808 RABBIT HILL ROAD
TALLAHASSEE FL 32308-0837**

FILED

03 SEP 23 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

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

**WADSWORTH WEST, JOAN
2808 RABBIT HILL ROAD
TALLAHASSEE FL 32308-0837**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$2,000,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**WADSWORTH WEST, JOAN
2808 RABBIT HILL ROAD
TALLAHASSEE FL 32308-0837**

STREET ADDRESS

CITY-ST-ZIP

**700022200707
09/25/03--01091--010 **88.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700022200707
08/11/03--01006--002 **437.50**

DOCUMENT #
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JOAN WEST 15 July 03 386-6371
Date Daytime Phone #

CR2E003 (4/03)

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2808 Rabbit Hill Road
Tallahassee, FL 32308

15 July 2003

Glenda E. Hood
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

FILED
03 SEP 23 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Ms. Hood:

MC

I write to request a waiver of the late fee for my limited partnership this year. I think that I did not receive the 2003 Uniform Business Report until quite recently, and until I went to the office in the old jail, I thought that the deadline was September 24th, as it states twice on the front. This is the first year that I have had the partnership, and I am not yet accustomed to the form.

I enclose the document #A02000001031, and my check for \$437.50, which is what I think I owe, if I interpret the instructions correctly.

Yours sincerely,

Joan Wadsworth West

Joan Wadsworth West,

The Partnership EIN is 05-0552813.