

# 14125 Late fee \$400 = \$54125

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001826 AB

DOCUMENT # A02000001032

1. Entity Name  
TWINS PLAZA PROPERTIES, LTD.



FILED

03 SEP 29 AM 9:54



Principal Place of Business  
SIX FAIRFIELD BOULEVARD, SUITE 1  
PONTE VEDRA BEACH FL 32082

Mailing Address  
SIX FAIRFIELD BOULEVARD, SUITE 1  
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number

51-0418488

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, BOND & LATSHAW, P.A.  
3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name TONY ANDERSON

Street Address (P.O. Box Number is Not Acceptable)

1301 Riverplace Blvd Ste 1500

City Jacksonville

FL

Zip Code

32207

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

9/24/03

DATE

9. Capital Contributions  
as Shown on record.

\$0.00

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 BAKKAR, WADIE K  
STREET ADDRESS 3628 SILVERY LANE  
CITY-ST-ZIP JACKSONVILLE FL 32217

STREET ADDRESS  
CITY-ST-ZIP  
100023398671  
09/29/03--01052--003 \*\*541.25

DOCUMENT #  
NAME BAKKAR, MUNA  
STREET ADDRESS 3628 SILVERY LANE  
CITY-ST-ZIP JACKSONVILLE FL 32217

STREET ADDRESS  
CITY-ST-ZIP

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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/24/03

Date

904-280-1920

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE