2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A02000014	168

1. Entity Name HIDDEN HARBOR PROPERTIES, LLLP

Principal Place of Business 11 S.E. 5TH STREET

2. Principal Place of Business

1801 S. FEDERAL

BOCA RATON FL 33432



FEDERAL

Mailing Address 11 S.E. 5TH STREET **BOCA RATON FL 33432**

3. Mailing Address

Suite, Apt. #, etc

1801

|--|--|

FILED.

03 SEP 22 PM 12: 00

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Suite, Apt. #, etc. **DUE BY MAY 1, 2003** 200 50 ITE Applied For 4. FEI Number City & State 06-1667914 Not Applicable Boca \$8.75 Additional 5. Certificate of Status Desired BCH Paun Fee Required ALM 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE SOUTHEAST THIRD AVENUE **SUITE 2800 MIAMI FL 33131** City 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. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions in FLORIDA to date. 3222 9. Capital Contributions \$3,222,720.33 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. L02000029656 DOCUMENT # STREET ADDRESS H MARINA PROPERTIES, LLC 450 EAST LAS OLAS BOULEVARD SUITE 1500 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP DOCUMENT # L02000020781 STREET ADDRESS MARINA MANAGEMENT HOLDINGS, LLC NAME 11 S.E. 5TH STREET STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: