

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000509  
AT

DOCUMENT # A12862

1. Entity Name  
CASTAL ASSOCIATES, LTD.



FILED

03 JAN 17 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1819 SOUTH OCEAN DRIVE  
JACKSONVILLE BEACH FL 32250

Mailing Address  
P.O. BOX 50307  
JACKSONVILLE FL 32240

2. Principal Place of Business

3. Mailing Address

P.O. Box 50307

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State  
JACKSONVILLE BEACH, FL

4. FEI Number 59-2219072

Applied For

Not Applicable

Zip

Country

Zip

32240-0307

Country

USA

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

WERNER, MARK  
1819 SOUTH OCEAN DRIVE  
JACKSONVILLE BEACH FL 32250

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.

\$750,000.00

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  
WERNER, MARK  
1819 SOUTH OCEAN DRIVE  
JACKSONVILLE BEACH FL 32250

STREET ADDRESS  
CITY-ST-ZIP  
200010184622  
01/17/03--01040--014 \*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
F98314  
REALTY MANAGEMENT GROUP, INC.  
P.O. BOX 50307  
JACKSONVILLE BEACH FL 32240-0307

STREET ADDRESS  
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)