

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

DOCUMENT # A17597

1. Entity Name

EDGEWATER BEND ASSOCIATES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 18 PM 2:39

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

41 W I-65 Service Rd., N.

3. Mailing Address

P.O. Box 160306

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3rd Floor - Colonial Bank Centre

City & State

City & State

Mobile, AL

Mobile, AL

Zip

Country

36608-1201

USA

Zip

Country

36616-1306

USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

63-0883874

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph J. Campus, III

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

3298 Summit Blvd.

City

Pensacola

FL

Zip Code

32503-4350

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

Joseph J. Campus, III

4/4/03
DATE

9. Capital Contributions
as Shown on record.

\$2,172,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$196,698.00

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 # G00180900081
NAME Mitchell Equities
STREET ADDRESS 3298 Summit Blvd., #18
CITY-ST-ZIP Pensacola, FL 32503-4350

STREET ADDRESS

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CITY-ST-ZIP

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IN THIS SPACE**

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

4/7/03

Date

Daytime Phone #

CR2E003B (12/02)