

2002 UNIFORM BUSINESS REPORT (UBR)

0017877 AT

DOCUMENT # A18097

1. Entity Name

FISHERMAN'S LANDING OF COCONUT CREEK LIMITED PARTNERSHIP

FILED

2002 MAR -5 AM 10:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business: **30215 SOUTHFIELD ROAD, SUITE 200 SOUTHFIELD MI 48076**
Mailing Address: **30215 SOUTHFIELD ROAD, SUITE 200 SOUTHFIELD MI 48076**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State City & State

4. FEI Number **38-2560910** 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

**MARTIN, WILLIE M.
4854 FISHERMANS DR
COCONUT CREEK FL 33063**

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.

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

9. Capital Contributions as Shown on record. **\$4,252,264.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO 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 # **851503**
NAME **AMURCON CORPORATION**
STREET ADDRESS **30215 SOUTHFIELD ROAD, SUITE 200**
CITY-ST-ZIP **SOUTHFIELD MI 48076**

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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: *WILLIE M. MARTIN* **WILLIE M. MARTIN, V.P. OF AMURCON CORP/G/P 1-8-02 248-6446-0202 X226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE