

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A19150

1. Entity Name

THE BLUEWATER-INVERNESS LIMITED PARTNERSHIP

FILED

02 MAR -7 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

C/O FLYNN MGMT CORP.
516 LAKEVIEW ROAD, UNIT 8
CLEARWATER FL 33756

C/O FLYNN MGMT CORP.
516 LAKEVIEW ROAD, UNIT 8
CLEARWATER FL 33756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-2639414

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

FLYNN, TOM
FLYNN MGMT CORP
516 LAKEVIEW ROAD, UNIT 8
CLEARWATER FL 33756

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

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

DATE

9. Capital Contributions
as Shown on record.

\$238,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
DRAPER, SAM
1025 MYERS PARK DR.
TALLAHASSEE FL 32301

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
PETERSEN, PAUL K.
211 W. 7TH ST.
TRAVERSE CITY MI

STREET ADDRESS
CITY-ST-ZIP

300005099133--7
-03/13/02--01022--010
****535.00 ****535.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
BLAKESLEE, JOHN R.
7786 PEACEFUL VALLEY RD
WILLIAMSBURG MI

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 600, Florida Statutes

SIGNATURE: *Sam Draper* Sam Draper by
Thomas F. Flynn, POA 2/28/02 727-449-1182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0013823 AT

CR2E003 (9/01)

STAPLE CHECK HERE