

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A19150

1. Entity Name
THE BLUEWATER-INVERNESS LIMITED PARTNERSHIP



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

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

FILED
03 FEB 14 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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, 2003

4. FEI Number 59-2639414

Applied For

Not Applicable

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

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

Name

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

City

800012385 FL Zip Code

02/12/03--01038--022 \$535.00

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. \$238,000.00

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
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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
BLAKESLEE, JOHN R.
7788 PEACEFUL VALLEY RD
WILLIAMSBURG MI

STREET ADDRESS

CITY-ST-ZIP

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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 620, Florida Statutes

SIGNATURE: *Sam Draper* by Sam Draper by
Thomas F. Flynn, POA 1/22/03 727-449-1182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

0014138 AT