

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A24091**

1. Entity Name  
**PLANTATION DEVELOPMENT, LTD.**



**FILED**

03 FEB 21 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business  
**13451 MCGREGOR BLVD., SUITE 27  
FORT MYERS FL 33919**

Mailing Address  
**13451 MCGREGOR BLVD., SUITE 27  
FORT MYERS FL 33919**

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 **59-2770984**

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

**MARINER PROPERTIES, INC.  
13451 MCGREGOR BLVD., SUITE 27  
FORT MYERS FL 33919**

Name **MARINER GROUP, INC**  
Street Address (P.O. Box Number is Not Acceptable) **13451 MCGREGOR BLVD, Suite 27**  
City **Fort Myers** FL Zip Code **33919**

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 **Qu. A. de Be**  
Signature, typed or printed name of registered agent and title if applicable.

**2/7/03**  
DATE

9. Capital Contributions as Shown on record. **\$2,079,000.00**

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 # **384829**  
NAME **MARINER PROPERTIES, INC.**  
STREET ADDRESS **13451 MCGREGOR BLVD., SUITE 27**  
CITY-ST-ZIP **FORT MYERS FL 33919**

STREET ADDRESS  
CITY-ST-ZIP **02/21/03--01065--013 \*\*\$35.00**

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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:

**QUATIANE E. DE BE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/7/03** **239-481-2011**  
Date Daytime Phone #

CR2E003 (10/02)