

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000702 AT

DOCUMENT # **A27142**1. Entity Name  
**HARBOR KEY ASSOCIATES LIMITED PARTNERSHIP**Principal Place of Business  
**247 N. WESTMONTE DR.  
ALTAMONTE SPRINGS FL 32714**Mailing Address  
**ATTN: ROBERT M. PICERNE  
247 NORTH WESTMONTE DR.  
ALTAMONTE SPRINGS FL 32714****FILED**  
**03 MAR 25 AM 8:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City &amp; State

City &amp; State

4. FEI Number **05-0441443**

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

**FILDES, RICHARD J ESQ.****% LOWNDES, DROSDICK, DOSTER, KANTOR ET AL****215 N. EOLA DRIVE****ORLANDO FL 32801**

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. 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.**\$2,194,331.20**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 # **P98000078910**  
NAME **PICERNE HARBOR KEY DEVELOPMENT, INC.**  
STREET ADDRESS **247 N. WESTMONTE DR.**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**500014681365****03/25/03--01038--016 \*\*526.25**DOCUMENT #  
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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**ROBERT M. PICERNE****2/14/03 407-772-6200**  
Date Daytime Phone #

CR2E003 (10/02)