

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED

01 APR 24 PM 6:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A29095

1. Entity Name
MANASARA ASSOCIATES LIMITED

Principal Place of Business
**1131 NORTH LAKE SHORE DRIVE
SARASOTA FL 34231**

Mailing Address
**1131 NORTH LAKE SHORE DRIVE
SARASOTA FL 34231**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0157031

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

**SABA, RICHARD D.
1390 MAIN STREET
SUITE 824
SARASOTA FL 34236**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$395,600.00**

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 **FIERS, CARLISLE W., JR.**
STREET ADDRESS **1131 NORTH LAKE SHORE DR**
CITY-ST-ZIP **SARASOTA FL**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **M90343**
NAME **MANASARA CORP.**
STREET ADDRESS **1390 MAIN ST., STE. 824**
CITY-ST-ZIP **SARASOTA FL**

STREET ADDRESS
CITY-ST-ZIP
900004162969--3
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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]* **4/18/01** **941-921-2212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)