

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A29443

1. Entity Name
SAILFISH MARINA PARTNERSHIP, LTD.



Principal Place of Business
**505 S. FLAGLER DR., SUITE 1450
WEST PALM BEACH FL 33401**

Mailing Address
**505 S. FLAGLER DR., SUITE 1450
WEST PALM BEACH FL 33401**

FILED
03 APR 22 AM 8:46
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

MJH



2. Principal Place of Business
90 LAKE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
90 LAKE DRIVE
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Palm Beach Shores, FL
Zip
33464
Country

City & State
Palm Beach Shores, FL
Zip
33404
Country

4. FEI Number **65-0162382**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHAUNCEY, HARRISON K JR.
CHAUNCEY & SIEGLE, P.A.
241 BRADLEY PLACE
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

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. **\$10.00**

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 # **P98000106965**
NAME **SAILFISH MARINA, INC.**
STREET ADDRESS **505 S. FLAGLER DR., STE. 1450**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS **90 LAKE DRIVE**
CITY-ST-ZIP **Palm Beach Shores, FL 33404**

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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CRZE003 (10/02)