

2002 UNIFORM BUSINESS REPORT (UBR)

0001112 AV

DOCUMENT # **A30887**

1. Entity Name
MISTY OAKS PARTNERS, LTD.

\$ 526.²⁵ FILED

2002 APR 29 PM 2: 25

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**680 W. PALM AIRE DRIVE
PMB 325
POMPANO BEACH FL 33069**

Mailing Address
**RJVF CORPORATE SERVICES, INC.
200 SOUTH BISCAYNE BLVD., STE. #4000
MIAMI FL 33131**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

DUE BY MAY 1, 2002

4. FEI Number **65-0230660**

Applied For
 Not Applicable

City & State

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

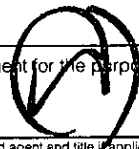
**RJVF CORPORATE SERVICES, INC.
C/O STEEL HECTOR & DAVIS
200 SO. BISCAYNE BOULEVARD, STE. 4000
MIAMI FL 33131**

Name
~~CORPORATE INTERNATIONAL REGISTERED AGENTS, INC.~~
Street Address (P.O. Box Number is Not Acceptable)

SAME

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  **1/28/02**
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$300,000.00**

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 # **P94000090940**
NAME **MISTY/INWOOD CORP.**
STREET ADDRESS **8223 NW 68 ST.**
CITY-ST-ZIP **MIAMI FL 33166**

STREET ADDRESS
CITY-ST-ZIP

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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:  **2/18/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/18/02 **954.9684408**
Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE