

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

DOCUMENT # A30887

1. Entity Name

MISTY OAKS PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 19 PM 1:46

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1201 S. Powerline Road, PMB 325 2200 South Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 325

4100

City & State

City & State

Pompano Beach, FL

Miami, Florida

Zip

Country

Zip

Country

33069

33069

DADE

DO NOT WRITE IN THIS SPACE

05/09/03 01089 013 \$526.25

DUE BY MAY 1

4. FEI Number

65-0230660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATE INTERNATIONAL REGISTERED AGENTS-INC.

Street Address (P.O. Box Number is Not Acceptable)

200 South Biscayne Blvd.

Suite # 4100

City

FL

Zip Code

33131

Miami

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.

6/16/03

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

DOCUMENT # P94000090940
NAME MISTY/INWOOD CORP.
STREET ADDRESS 1201 S. Powerline Road, PMB #325
CITY-ST-ZIP Pompano Beach, FL 33069

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

6/16/03

CR2E003B (12/01)

STAPLE CHECK HERE

**DO NOT WRITE
IN THIS SPACE**