

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED0008630
A

DOCUMENT # A31399

1. Entity Name

DOLPHIN CAY, LTD.

00 APR -3 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/1/07



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O JMC COMMUNITIES OF ST. PETERSBURG, INC
2201 4TH ST. NORTH
ST. PETERSBURG FL 33704

Mailing Address

2201 4TH STREET NORTH
SUITE 200
ST PETERSBURG FL 33704-4300

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3078657

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

JMC COMMUNITIES OF ST. PETERSBURG, INC.
2201 4TH ST NORTH
SUITE 200
ST. PETERSBURG FL 33704

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.

\$200,100.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$200,100

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 # L72309
NAME JMC COMM. OF ST. PETE
STREET ADDRESS 2201 4TH STREET, #200
CITY - ST - ZIP ST. PETERSBURG FL

STREET ADDRESS

CITY - ST - ZIP

100003215611-8
-04/19/00-01113-019
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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 #