

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014522 AT

DOCUMENT # A32200

1. Entity Name

ADMIRAL'S INN, LTD

02 APR 22 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5665 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL 33884

Mailing Address  
5665 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL 33884



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number 59-3090876

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

VAN DIVER, JEFF  
5665 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL 33884

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

DATE

9. Capital Contributions  
as Shown on record.

\$80,750.00

10. Amount of Capital Contributions  
in FLORIDA to date.

5008130

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 # P20398  
NAME E.N.D., INC.  
STREET ADDRESS 888 S. BROADWAY  
CITY-ST-ZIP BALTIMORE MD

STREET ADDRESS

CITY-ST-ZIP

357.00-LP

88.25-Adm

8.25-Cert

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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

4/18/02 863384-580

Date

Daytime Phone #

CR2E003 (9/01)