

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32200**

1. Entity Name
ADMIRAL'S INN, LTD



FILED
03 APR 30 PM 12:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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		4. FEI Number 59-3090876	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$80,750.00**

10. Amount of Capital Contributions in FLORIDA to date. **50081 30**

11. MAXI 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 #	P20398	STREET ADDRESS	
NAME	E.N.D., INC.	CITY-ST-ZIP	
STREET ADDRESS	888 S. BROADWAY		
CITY-ST-ZIP	BALTIMORE MD		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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** **4/20/02** **863 324 5950**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0014787 AT

CR2E003 (10/02)

STAPLE CHECK HERE