

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A32637**

**1. Entity Name**  
**BOONE'S DOCK II LIMITED PARTNERSHIP**



**Principal Place of Business**  
**3303 NORTH LAKEVIEW DRIVE**  
**TAMPA FL 33618**

**Mailing Address**  
**C/O KENILWORTH EQUITIES LTD.**  
**825 THIRD AVENUE, #3315**  
**NEW YORK NY 10022**

**FILED**

**2003 JUL 22 PM 2:48**

**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 24, 2003**

City & State

City & State

**4. FEI Number 65-0315917**

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**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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**

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

DATE

**9. Capital Contributions  
as Shown on record.**

**\$1,800,000.00**

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

**11. MAKE 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 # V17540**  
**NAME NORTH LAKE REALTY OF TAMPA, INC.**  
**STREET ADDRESS 3303 NORTH LAKEVIEW DR**  
**CITY-ST-ZIP TAMPA FL 33618**

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

**7/14/03 (212) 593-4600**  
Date Daytime Phone #

CR2E003 (4/03)

0002724 MB