

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32854

1. Entity Name
THE HIDEAWAY MARINA LIMITED PARTNERSHIP



FILED

03 JUL 16 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
ATTN: PIERRE GAUDREAU
599 SOUTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062

Mailing Address
599 S. FEDERAL HWY.
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0325163

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAUDREAU, PIERRE
599 S. FEDERAL HWY
POMPANO BEACH FL 33062

Name F. RONALD MASTRIANA, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
1500 NORTH FEDERAL HIGHWAY
SUITE 200
City FORT LAUDERDALE FL Zip Code 33304

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. \$792,000.00

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 # V21204
NAME THE HIDEAWAY MARINA, INC.
STREET ADDRESS 599 S. FEDERAL HIGHWAY
CITY-ST-ZIP POMPANO BEACH FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600021588006
07/16/03 01026 015 **935.00

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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

6/30/03
Date

984-443-3200
Daytime Phone #

CR2E003 (10/02)

0009471 AT