

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015104 AT

DOCUMENT # A33400

1. Entity Name  
ADMIRAL LEHIGH RESORT LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUL -1 AM 9:50

Principal Place of Business  
225 EAST JOEL BOULEVARD  
LEHIGH FL 33972

Mailing Address  
225 EAST JOEL BOULEVARD  
LEHIGH FL 33972



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0355144

Applied For

Not Applicable

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

BLAKE, DELROY  
411 JACKSON AVE.  
LEHIGH ACRES FL 33972

Name Dominik Eckenstein  
Street Address (P.O. Box Number is Not Acceptable) 225 E. Joel Blvd.  
City Lehigh Acres FL Zip Code 33972

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.

\$6,824,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1274'000.00

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 # P20398  
NAME E.N.D. CORPORATION  
STREET ADDRESS ONE LANDMARK SQUARE, SUITE 100  
CITY-ST-ZIP STAMFORD CT 06901

STREET ADDRESS 225 E. Joel Blvd  
CITY-ST-ZIP Lehigh Acres FL 33972

DOCUMENT #  
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CITY-ST-ZIP

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05/26/03-01002-007 \*\*457.50

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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 Dominik Eckenstein

5/10/03

Date

Daytime Phone #

410-292-2848

CR2E003 (10/02)

STAPLE CHECK HERE