

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A33443**

1. Entity Name  
**BONITA BAY LIMITED PARTNERSHIP**



**FILED**

**03 MAR -3 AM 11:55**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**3451 BONITA BAY BLVD.  
SUITE 202  
BONITA SPRINGS FL 34134-4395**

Mailing Address  
**3451 BONITA BAY BLVD.  
SUITE 202  
BONITA SPRINGS FL 34134-4395**

2. Principal Place of Business  
**9990 Coconut Rd  
Suite, Apt. #, etc.  
200**

3. Mailing Address  
**9990 Coconut Rd  
Suite, Apt. #, etc.  
200**

**DUE BY MAY 1, 2003**

City & State  
**Bonita Springs FL**  
Zip  
**34135** Country  
**USA**

City & State  
**Bonita Springs FL**  
Zip  
**34135** Country  
**USA**

4. FEI Number **65-0361628**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BONITA BAY PROPERTIES, INC.  
3451 BONITA BAY BLVD.  
STE. #202  
BONITA SPRINGS FL 34134-4395**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**9990 Coconut Road  
Suite 200  
Bonita Springs FL Zip Code 34135**

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.

9. Capital Contributions as Shown on record. **\$5,940,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT #	<b>M09234</b>
NAME	<b>BONITA BAY PROPERTIES, INC.</b>
STREET ADDRESS	<b>3451 BONITA BAY BLVD., #202</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>9990 Coconut Road; Suite 200</b>
CITY-ST-ZIP	<b>Bonita Springs FL 34135</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>900013285189</b>
CITY-ST-ZIP	<b>03/03/03--01001--015 **535.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>M THOMAS</b>
CITY-ST-ZIP	

CR2E003 (10/02)

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: *M Thomas* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/31/03 239-495-1000**  
Date Daytime Phone #