## 01 UNIFORM BUSINESS REPORT (UBR)

**ÚMENT**# 1. Enlity Name

A9200000048

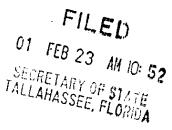
SMUGGLERS COVE PARTNERS, LTD.

Principal Place of Business

Mailing Address

5505 N. ATLANTIC AVENUE, SHITE 115

5505 N. ATLANTIC AVENUE, SUITE 115



2. Principal Place of Business  Suite, Apr. #, etc.  Suite, Apr. #, etc.  Suite, Apr. #, etc.  City & State  Cry & State	COCOA BEACH FL 32931				COCOA BEACH FL 32931						~ 73	
Suite, Apt. 4, etc  City & State  Country  S. Certificate of Status Lesisted  See St. 75 Auditional  To Name and Address of Current Regulared Agent  Name  MCPHILIPS, JACQUELINE  Special Address of New Registered Agent  Name  MCPHILIPS, JACQUELINE  Special Address of New Registered Agent  Name  MCPHILIPS, JACQUELINE  Special Address of New Registered Agent  Name  Special Address of New Registered Agent  City  FL Zip Code  To Application agent agent of the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.  Special Address (P.O. Bon Number is Not Acceptable)  Some Address of New Registered Agent  Not State of Fiorida  Some Address of New Registered Agent  Not State of Fiorida  Some Address of New Registered Agent  Not State of Fiorida  Some Address of New Registered Agent  Not State of Fiorida  Some Address of New Registered Agent  Not State of Fiorida  Some Address of New Registered Agent  Not State of Fiorida  Some Address of New Registered Agent  Not State of Fiorida  Not State of Fiorida  Some Address of New Registered Agent  Not State of Fiorida  Address of New Registered Agent  Not State of Fiorida  Not State of Fiorida  Not State of Fiorida  Not State of Fiorida  Address of New Registered Agent  Not State of Fiorida  Address of New Registered Agent  Not State of Fiorida  Not State of Fiorida  Not State of Fiorida  Not State of Fiori	555500 55000 0 55000							11881811	4888 48848 18841 <b>28</b> 641 <b>48</b> 64	IR <b>ed</b> iri <b>ad</b> rii <b>ar</b> i	IA <b>ea</b> iri <b>ao</b> rio <b>a</b> r <b>ao</b> i ( <b>o</b> i) i <b>oe</b> i	
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See Country  2	City & State City & State							4. FEI Numbe	59-3151113			
Name and Address of Current Registered Agent   Name	Zip	Zip Country -			ip	Coun	itry	5. Certificate			8.75 Additional	
MCPHILLIPS, JACQUELINE SSOS N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH FL 32931  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.  SIGNATURE  9. Capital Contributions Signar-in, locat or presenteness arriginated agent		6. Name	and Address of Current F	<u> </u> Reaiste	ered Agent		T					
SSOS N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH FL 32831  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions 8. Shown or record. 9. Capital Contributions A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partiners MAY NOT be changed on the forms an amendment must be filled to change a general partner.  12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY  VA484  HERITAGE PARTNERS GROUP, INC STRET AGDRESS  OCCUMENT / SL-ZP  MAME AFFORDABLE HOUSING SOUTIONS FOR FL. INC. 273 S.W. 3RD AVENUE, SUITE 202  MAMIFEL 33129  NOCOUMENT / SL-ZP  MAMIFEL 33129  NOCOUMENT / SL-ZP  OCCUMENT / SL-Z	The state of the s						Name					
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions as Shown on record.  9. Capital Contributions.  9. Cap	MCPHILLIPS, JACQUELINE						Street Address (P.O. Box Number is Not Acceptable)					
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions as Shown on record.  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filled to change a general partiner.  12. GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filled to change a general partiner.  12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMBRI / HERITAGE PARTINERS GROUP, INC STRETA MORESS  CITY-SI-2P  DOCUMBRI / NAME STRETA MORESS  OTY-SI-2P  DOCUMBRI / SI-2P  NAME NAME STRETA MORESS  OTY-SI-2P  OVIEDO., FI. 32765-9424  STRETA MORESS  OTY-SI-2P  DOCUMBRI / NAME STRETA MORESS  OTY-SI-2P  OUTH-SI-2P  OUTH-SI-2P  OUTH-SI-2P  OTY-SI-2P  OTY-S	COCOA BEACH FL 32931											
SIGNATURE  9. Capital Contributions as Shown on record. 9. Capital Contributions in FLORIDA to deliber as Shown on record. 9. Capital Contributions in FLORIDA to deliber. 9.							City	FL Zip Code				
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HERITAGE PARTNERS GROUP, INC 5050 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH FL 32931  DOCUMENT / NAME STREET ADDRESS GOOD SON . ATLANTIC AVENUE, SUITE 115 COTY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS GOOD BEACH FL 32931  NAFORDABLE HOUSING SOUTIONS FOR FL, INC. 2730 S.W. 3RD AVENUE, SUITE 202 MIAMI FL 33129  NATIONAL Development Foundation, Inc STREET ADDRESS GITY-ST-ZIP  NAME NATIONAL DEVELOPMENT FOUNDATION, STREET ADDRESS GITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS GITY-ST-ZIP  TOTAL DEVELOPMENT / NAME / STREET ADDRESS GITY-ST-ZIP  TOTAL								ADDRESS CHANGES UNLI				
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DOCUMENT / NAME National Development Foundation, Inc 4250 Alafaya Trail #212-330 CITY-ST-ZIP Oviedo, FL 32765-9424  DOCUMENT / NAME 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		2730 S.W. 3RD AVENUE, SUITE 202				CITY	-ST-ZIP	*		55.00	4-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	
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the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

