

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR -9 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A93000000767**

1. Entity Name

OVERSEAS PARTNERSHIP MAWI, LTD.

Principal Place of Business
**786 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

Mailing Address
**786 SOUTH ORANGE AVENUE
SARASOTA FL 34236**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number **65-0424677**

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

**ANDERSON, KENT J
8075 SOUTH BENEVA ROAD, SUITE 6
SARASOTA FL 34238**

Name **MARGARET SHOAF**
Street Address (P.O. Box Number is Not Acceptable)
2106 S. TAMiami TRAIL, STE 100
City **SARASOTA, FL** Zip Code **34239**

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 **MARGARET SHOAF** DATE **3-28-02**

9. Capital Contributions as Shown on record. **\$95,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **95,000.00**

11. MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY-ST-ZIP	J41038 OVERSEAS DEVELOPMENT CORP. OF SARASOTA, INC 786 SOUTH ORANGE AVENUE SARASOTA FL 34236
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300005256363-9 -04/12/02--01017--019 ***526.25 ***526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: **MARGARET SHOAF** DATE **3-28-02** Daytime Phone # **941-366-3661**

0004702

CR2E003 (9/01)