

2002 UNIFORM BUSINESS REPORT (UBR)

0005759
AT

DOCUMENT # A94000000067

1. Entity Name
HARBOR APARTMENTS, LTD.

FILED
02 MAY 15 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE FLORIDA **MJH**

Principal Place of Business
**444 SEABREEZE BLVD. SUITE 600
DAYTONA BEACH FL 32118**

Mailing Address
**444 SEABREEZE BLVD. SUITE 600
DAYTONA BEACH FL 32118**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

5/15

DUE BY MAY 1, 2002

4. FEI Number **59-3220357**

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

CONTINENTAL PROPERTY SERVICES, INC.
230 NORTH BEACH STREET, SUITE 301
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
444 SEABREEZE BLVD. SUITE 600

City **DAYTONA BEACH** FL Zip Code **32118**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,405,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	581075 POLYEDER, INC. % 1025 S. BEACH STREET DAYTONA BEACH FL 32114
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	100005637031--4 05/29/02 01025-014 ****526.25 ****526.25
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: *Polyeder Inc.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *Maryloue Polyeder* April 16.02

Date _____ Daytime Phone # _____

CFR2003 (9/01)