STAPLE CHECK HERE

| 2002 UNIFORM BUSINESS REPORT (UBR) | | | | | | | | | | |
|--|---|--|-----------------|---------------------|----------------------|----------------------|-------------------------------|----------------------------|------------------------|--------------------------|
| DOCUMENT # A9400000149 1. Entity Name MARINA POINT TAMPA DEVELOPMENTS, LTD. FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA | | | | | | | | | | |
| MARINA POINT TAMPA DEVELOPMENTS, LTD. | | | | | TÄLLAHASSEE. FLORIDA | | | | | |
| Principal Plac | ce of Business | Mailing Address | | | 02 | MAR 29 | | | | |
| 870 BALD EAGLE DRIVE. SUITE 1B 870 BALD EAGLE DRIVE. SUI | | | | | | | | | | |
| MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address | | | | | | NASE IČIO (2012 DEC) | 48 111 88 131 (| CENT DEN GOID | 68 181 21821 81 | DIA (\$1) (\$8) |
| | | | | | | | | | | |
| 99) N. COLLIST BLVD 997 N. COLLI | | | IEL BL | VA | | | | | | |
| Suite, Apt. #, etc. Str. G Suite, Apt. #, etc. Str. G | | | | | DUE BY MAY 1, 2002 | | | | | |
| MARCO ISLAND PL MARCO ISLA | | | AND O | 4. FEI Number 65-04 | | | | Applied For Not Applicable | | |
| Zip 34/4 | S Country | Zip 34145 | Country 4.5 | | 5. Certifica | ite of Status De | sired | | 75 Addi Required | |
| | 6. Name and Address of Current | · · · · · · · · · · · · · · · · · · · | | | 7. Name a | nd Address of | New Reg | istered Age | nt | |
| REINDERS, JAMES M | | | | | | | | | 1 | |
| | | et Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| ſ |) eagle drive, suite 1B Sland FL 34145 | 7.1 | / / | 000 | VIEIC /S | مروق ما | | | | |
| | | | | AA Co | ESU | | | FL | Zip Code | 45 |
| 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 Signature, typed or printed righe of registered agent and title if applicable. DATE DATE | | | | | | | | | | |
| 9. Capital Contributions as Shown on record. 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 13. ADDRESS CHANGES ONLY | | | | | | | | | | |
| DOCUMENT # | ALABBIA BOURTALIBA DELEJ COLUENTO MA | | STREET ADDRES | 99 | رار الم 2 | COLUI | co A | SWN | STE | 6 |
| NAME STREET ADDRESS CITY-ST-ZIP | 277 N. COLLIER BLVD. 2ND FL. MARCO ISLAND FL 33937 | - MEN 10, 1140. | CITY-ST-ZIP | 1 | ARCO | | FL. | 34/45 | | <u> </u> |
| DOCUMENT # | | | STREET ADDRES | | , | | | | | |
| NAME STREET ADDRESS | | | CITY-ST-ZIP | | - · | | | í | TAL | 1 |
| DOCUMENT # | | <u></u> | STREET ADDRES | | | | | | | <u> </u> |
| NAME STREET ADDRESS | | | CITY-ST-ZIP | | 1 | | 70570 | 20100 |)202 | 21 |
| CITY-ST-ZIP DOCUMENT # | | | | | | | **141 | <u>.25</u> ** | **141 | .25 |
| Name Street address | | | STREET ADDRES | ` <u> </u> | | | | | | |
| CÎTY-ST-ZIP | | | CITY-ST-ZIP | _ | | | | | | |
| DOCUMENT # NAME | | | STREET ADDRES | S | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | | |
| DOCUMENT # NAME | | | STREET ADDRES | S . | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | | |
| indicatód | certify that the information supplied with | that my clanature chall have the | ao samo logal a | fact ac if m | ction 119.07(| 3)(i), Florida Sta | itutes. I fu | rther certify the | hat the info | ormation rtnership or |
| indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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 MANINA POINT PAMPA DEVEWPMENTS, JAM | | | | | | | | | | |
| | | | | | | | | | | |
| SIGNATURE: SIGNATURE: Date Date Date Date Date Date Date Date | | | | | | | | | | |