

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# A94000000861

1. Entity Name

ATLANTIC SHORES RESORTS, LTD.

Principal Place of Business

510 SOUTH STREET  
KEY WEST FL 33040

Mailing Address

510 SOUTH STREET  
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0497635

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWNING, MICHAEL L ESQ.  
402 APPELROUTH LANE  
KEY WEST FL 33040

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

DATE

9. Capital Contributions  
as Shown on record.

\$100,000.00

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

13. ADDRESS CHANGES ONLY

|                |                                   |
|----------------|-----------------------------------|
| DOCUMENT #     | P94000041727                      |
| NAME           | BROGELFER DEVELOPMENT CORPORATION |
| STREET ADDRESS | 510 SOUTH STREET                  |
| CITY-ST-ZIP    | KEY WEST FL 33040                 |
| DOCUMENT #     | P000000110934                     |
| NAME           | GRAND LIFESTYLES RESORTS, INC     |
| STREET ADDRESS | 402 APPELROUTH LANE               |
| CITY-ST-ZIP    | KEY WEST FL 33040                 |
| 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    |                                   |

|                |                       |
|----------------|-----------------------|
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| STREET ADDRESS | 100005622921--3       |
| CITY-ST-ZIP    | 05/29/02-01012-004    |
|                | ****578.75 ****526.25 |
| STREET ADDRESS | FF \$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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/16/02 305-293-8888

CR2E003 (9/01)

0008284 AT



FILED  
02 MAY 24 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA