

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001679**

1. Entity Name  
**MANGONIA RESIDENCE I, LTD.**

FILED

00 JAN 18 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
319 CLEMATIS STREET, SUITE 409  
WEST PALM BEACH FL 33401

Mailing Address  
319 CLEMATIS STREET, SUITE 409  
WEST PALM BEACH FL 33401-4618

2. Principal Place of Business  
**2210 N Australian Ave**

3. Mailing Address  
**C**

Suite, Apt. #, etc.

City & State  
**West Palm Beach**

City & State

Zip  
**33407**

Country

4. FEI Number **65-0539957**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32501**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$8,993,976.00**

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 # **N96000003114**  
NAME **THE PARTNERSHIP, INC.**  
STREET ADDRESS **319 CLEMATIS STREET, SUITE 409**  
CITY - ST - ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS **300003105773--7**

CITY - ST - ZIP **-01/21/00-01018-018**

**\*\*\*535.00 \*\*\*535.00**

DOCUMENT #

NAME

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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE PRESIDENT OF THE PARTNERSHIP, INC** 1/14/2000 561 659 1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #