

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

MMJ

0016348 AT

DOCUMENT # A95000000499



1. Entity Name  
THE STRAND, LTD.

FILED  
03 MAY -6 PM 8:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
5692 STRAND COURT  
STE. #1  
NAPLES FL 34110

Mailing Address  
5692 STRAND COURT  
STE. #1  
NAPLES FL 34110

2. Principal Place of Business

5840 STRAND BLVD.

3. Mailing Address

5840 STRAND BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number 65-0567802

Applied For

Not Applicable

Zip

34110

Country

USA

Zip

34110

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.  
4501 TAMiami TRAIL NORTH  
STE. 300  
NAPLES FL 34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$26,320,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P95000022597  
NAME PELICAN STRAND DEVELOPMENT CORPORATION  
STREET ADDRESS 5692 STRAND COURT, STE. #1  
CITY-ST-ZIP NAPLES FL 34110

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

600018294196

05/06/03--01059--015 \*\*526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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 Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-15-03

231-52-7710

Date

Daytime Phone #

CR2E003 (10/02)