

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0020719  
SP

DOCUMENT # A95000000607

1. Entity Name  
PERROS GRANDE LIMITED

02 MAY 24 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
455 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 33770

Mailing Address  
455 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 33770



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

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

DUE BY MAY 1, 2002

City & State  
City & State

4. FEI Number  
59-3333256

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

7. Name and Address of New Registered Agent

ARSENAULT & REARDON, P.A.  
10225 ULMERTON ROAD, SUITE 2  
LARGO FL 33771

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. \$3,700,000.00

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 # P95000029218  
NAME PERROS GRANDE, INC.  
STREET ADDRESS 455 INDIAN ROCKS ROAD NORTH  
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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CR2E003 (9/01)

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]* Buckles 4/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #