

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001138

1. Entity Name
TIDES VILLAGE, LTD.



FILED
03 APR 30 AM 11:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
~~3455 COUNTRYSIDE BLVD., #78~~
CLEARWATER FL 33761

Mailing Address
P.O. BOX 159
TARPON SPRINGS FL 34689-0159



2. Principal Place of Business

5157 SILENT LOOP

3. Mailing Address

SAME

DUE BY MAY 1, 2003

Suite, Apt. #, etc.
212

Suite, Apt. #, etc.

City & State
NEW PORT RICHEY FL

City & State

4. FEI Number 59-3341818

Applied For
Not Applicable

Zip
34652

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

ZAVODNY, R. JOHN

~~3455 COUNTRYSIDE BLVD., #78~~
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name SAME

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

5157 SILENT LOOP # 212

City

NEW PORT RICHEY

FL

Zip Code

34652

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

4/27/03

9. Capital Contributions as Shown on record, ~~\$2,500,000.00~~ \$5,000.00. 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 # P94000088226
NAME JZ MORGAN CAPITAL, INC.
STREET ADDRESS ~~3455 COUNTRYSIDE BLVD., #78~~
CITY-ST-ZIP CLEARWATER FL 33761

13. ADDRESS CHANGES ONLY

STREET ADDRESS

5157 SILENT LOOP # 212

CITY-ST-ZIP

NEW PORT RICHEY, FL 34652

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

4/27/03

77-942-8338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0016328 AT