

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001139

1. Entity Name
JZ MORGAN - TIDES VILLAGE, LTD.



FILED

03 APR 30 AM 11:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
~~3455 COUNTRY SIDE BLVD. # 78~~
CLEARWATER FL 33761

Mailing Address
P.O. BOX 159
TARPON SPRINGS FL 34688-0159

2. Principal Place of Business
5157 Silent Loop

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Port Richey FL

City & State

Zip
34652

Country
US

Zip

Country

4. FEI Number 59-3341824

Applied For
Not Applicable

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

ZAVODNY, R. JOHN
~~3455 COUNTRY SIDE 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]*
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$1,000.00

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 # P94000088226
NAME JZ MORGAN CAPITAL, INC.
STREET ADDRESS ~~3455 COUNTRY SIDE BLVD. # 78~~
CITY-ST-ZIP CLEARWATER FL 33761

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5157 Silent Loop # 212
CITY-ST-ZIP New Port Richey FL 34652

STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/27/03 727-542-8338

CR2E003 (10/02)