

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000201

1. Entity Name
EMERALD COAST RESTAURANTS LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB -6 PM 12:00

W
2/12

Principal Place of Business
4519 PINE ISLAND ROAD
SUNRISE FL 33331

Mailing Address
700 S. FEDERAL HIGHWAY, STE. 200-SZG
BOCA RATON FL 33432



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0638110

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

GARELLEK, STEVEN
700 S. FEDERAL HWY., STE. 200
BOCA RATON FL 33432

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. \$500,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000065410
NAME EMERALD COAST RESTAURANT, INC.
STREET ADDRESS 4519 NORTH PINE ISLAND ROAD
CITY-ST-ZIP SUNRISE FL 33351

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P96000076939
NAME COR-LYN (USA) CORP.
STREET ADDRESS 4519 PINE ISLAND ROAD
CITY-ST-ZIP SUNRISE FL 33351

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CR2E003 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
DAYID WILLIAMS

11/29/03

Date

954-572-3822

Daytime Phone #