

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 29 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000579 AT

**DOCUMENT # A96000000800**

1. Entity Name  
**INTERVEST AT WATER'S EDGE, LTD.**

Principal Place of Business <b>2359 BEVILLE RD. DAYTONA BEACH FL 32119</b>	Mailing Address <b>2359 BEVILLE RD. DAYTONA BEACH FL 32119</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

**DUE BY MAY 1, 2002**

4. FEI Number **59-3377835**

Applied For	
Not Applicable	

Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOSSEINI-KARGAR, MORTEZA  
2359 BEVILLE RD.  
DAYTONA BEACH FL 32119**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$3,000,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>686314 INTERVEST CONSTRUCTION, INC. 2359 BEVILLE RD. DAYTONA BEACH FL 32119</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	<b>300005505293--7 -05/13/02--01016--001 ***2105.00 ****526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CP2E003 (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: **Morteza Hosseini-Kargar 4/25/02 386-788-0820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #