

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 MAR 10 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001006

1. Entity Name
HERON COVE, LTD.



Principal Place of Business
**1704 LULLWATER LANE
LUTZ FL 33549**

Mailing Address
**P.O. BOX 94
LUTZ FL 33549**



2. Principal Place of Business
1639 SEND WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
LUTZ, FL

City & State

4. FEI Number **59-3383663**

Applied For
Not Applicable

Zip
33549

Country
PASCO

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

**BRUDNY, MICHAEL J
4830 W. KENNEDY, #985
TAMPA FL 33609**

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. **\$570,000.00**

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 # **H85197**
NAME **VAN DORSTEN CORPORATION, INC.**
STREET ADDRESS **P.O. BOX 94**
CITY-ST-ZIP **LUTZ FL 33549**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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.

HERON COVE LTD, BY: VAN DORSTEN CORP., INC., GEN. PARTNER

SIGNATURE: by: SIGNEE ASSURED NA VAN DORSTEN

2/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)

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