

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002061

1. Entity Name

WATER'S EDGE APARTMENTS, LTD.

FILED

00 JAN 31 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1900 W COMMERCIAL BLVD. SUITE 200
FT. LAUDERDALE FL 33309-3018

Mailing Address

1900 W COMMERCIAL BLVD. SUITE 200
FT. LAUDERDALE FL 33309-3018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0700439

Applied For

Not

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

BOYLE, CONRAD J

500 EAST BROWARD BLVD., SUITE 1950

FT. LAUDERDALE FL 33394

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,800,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L96000001170
NAME KEENAN DELRAY, L.C.
STREET ADDRESS 1500 N.W. 49TH STREET, SUITE 500
CITY-ST-ZIP FT. LAUDERDALE FL 33309

STREET ADDRESS

CITY-ST-ZIP

200003121832--2

DOCUMENT # P96000092325
NAME KEISER DELRAY, INC.
STREET ADDRESS 1500 N.W. 49TH STREET, SUITE 100
CITY-ST-ZIP FT. LAUDERDALE FL 33309

STREET ADDRESS

CITY-ST-ZIP

-02/03/00-01009-022
****526.25 ****526.25

DOCUMENT #
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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

SIGNATURE:

WATER'S EDGE APARTMENTS, LTD.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #