

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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02 APR 26 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # A96000002061

1. Entity Name  
WATER'S EDGE APARTMENTS, LTD.

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

DUE BY MAY 1, 2002

4. FEI Number 65-0700439

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BOYLE, CONRAD J  
500 EAST BROWARD BLVD., SUITE 1950  
FT. LAUDERDALE FL 33394

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. \$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

DOCUMENT #	L96000001170
NAME	KEENAN DELRAY, L.C.
STREET ADDRESS	1900 W COMMERCIAL BLVD, SUITE 200
CITY-ST-ZIP	FT. LAUDERDALE FL 33309-3018
DOCUMENT #	P960000092325
NAME	KEISER DELRAY, INC.
STREET ADDRESS	1500 N.W. 49TH STREET, SUITE 100
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	800005449408--5 -05/03/02--01030--020 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: KEENAN DELRAY L.C. AS GP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: Apr 2/02 Daytime Phone #: 954-776-6700

CP2E003 (9/01)