

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000526

1. Entity Name

FIFTH BY BEACH PARTNERS, LTD.

Principal Place of Business
**5401 WEST KENNEDY BLVD., SUITE 751
 TAMPA FL 33623**

Mailing Address
**% JOEL B. GILES
 P.O. BOX 2861
 ST. PETERSBURG FL 33731-2861**

FILED
01 MAY -4 PM 12:17
**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3479969**

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

**GILES, JOEL B
 200 CENTRAL AVENUE, SUITE 2300
 ST. PETERSBURG FL 33731-2861**

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. **\$10,000.00**

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 # **P95000036384**
 NAME **FIFTH BY BEACH PARTNERS, INC.**
 STREET ADDRESS **5401 WEST KENNEDY BLVD., SUITE 751**
 CITY-ST-ZIP **TAMPA FL 33623**

STREET ADDRESS
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/01 - **727-576-6424**
 Date Daytime Phone #