

2002 UNIFORM BUSINESS REPORT (UBR)

001375 . A1

DOCUMENT # A97000000526

1. Entity Name
FIFTH BY BEACH PARTNERS, LTD.

FILED

02 APR -8 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|---|--|
| 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 |
|---|--|

| | |
|---|---|
| 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 59-3479969 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

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

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. \$10,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. \$10,000.00 | 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 | P95000036384 FIFTH BY BEACH PARTNERS, INC. 5401 WEST KENNEDY BLVD., SUITE 751 TAMPA FL 33623 |
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| 13. ADDRESS CHANGES ONLY | |
|-------------------------------|--|
| STREET ADDRESS CITY-ST-ZIP | |
| STREET ADDRESS CITY-ST-ZIP | 700005258507-5 -04/12/02--01096--006 *****17.50 *****141.25 |
| STREET ADDRESS CITY-ST-ZIP | 700005258507-5 -04/12/02--01096--006 *****17.50 *****8.75 |
| STREET ADDRESS CITY-ST-ZIP | 700005258507-5 -04/12/02--01096--006 *****17.50 *****17.50 |
| 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (9/01)