		00001093	•						
1. Entity Name P.S. PROPERTIES OF TAMPA, LTD.) is	HELLU JONETHARY OF S HON OF CORPOR	IAJE		
1.0. 110	or Entitle of Trusting Cib.				OIVIS	aton de corpor	ATION:	3	
•	ce of Business	Mailing Address	<u> </u>		00	APR 20 AM 3	3: 05		
5012 LEMON STREET 5012 LEMON STREET TAMPA FL 33609 TAMPA FL 33609-1104					ļ				
									<u> </u>
	Place of Business	3. Mailing Address						#	
4300 W. CYPRESS ST 4300 W. CY Suite, Apt. #, etc. SUITE 150 Suite, Apt. #, etc. SUITE 150) 37	DO NOT WRITE IN THIS SPACE				
City & State		City & State TAMPA F			4. FEI Number	59-2513695		Applied For Not Applicat	hie
3360		Zip 33607	Country		5. Certificate of	Status Desired [8.75 Additional	-
7) PC	6. Name and Address of Currer		USA		7. Name and A	ddress of New Regis		e Required	
STEINER	NELSON C			lame					
	NON STREET	•	S	treet Address (ddress (P.O. Box Number is Not Acceptable)				
TAMPA FL	L 33609			50/70	= <u>150</u>			,	
				City TAY	MPA		FL	33607	
8. The above	e named entity submits this statement	for the purpose of changing its re	egistered o	ffice or register	ed agent, or both,	in the State of Florida			
SIGNATURE .	Signature, regarding printed partie of registered age	NEZSON		57CTd			DATE		
9. Capital Cor as Shown o	entributions \$50,000,00		Contribution		, and the same of	11. MAKE CHECK PA	AYABLE T	O DEPT. OF STATE FEE INFORMATION	
	A GENERAL PARTNER	THAT IS A BUSINESS ENT	TTY MUS	T BE REGIST	TERED AND AC	TIVE WITH THIS O	FFICE.	ier.	
12.		ER INFORMATION	13.			ADDRESS CHANG			\exists
DOCUMENT# NAME	STEINER, NELSON C		STREET AC	XORESS (1)	300 u	. CYPRESS	57	SUITE ISC	
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-		MAA. F				
DOCUMENT#									8
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STREET ADDRESS CITY_SI_ZIP DOCUMENT # NAME STREET ADDRESS CITY_SI_ZIP	certify that the information supplied w I on this report is true and accurate a ver or trustee empowered to execute	ith this filing does not qualify for to that my signature shall have the signature of the s	STREET AL CITY - ST -: STREET AL CITY - ST -: STREET AL CITY - ST -: STREET AL CITY - ST -:	ZIP DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP ZIP ZIP ZIP		****438	. 75	****438.75	

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A21241 1. Entity Name						FELTL			
ADMIRAL'S COVE ASSOCIATES, LTD.						FILTU SEGREDARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address 200 ADMIRALS COVE BLVD. JUPITER FL 33477 JUPITER FL 33477-4046				LVD.	V (4.449-44	00 APR 20 AM 3: 05			
			· · · · · · · · · · · · · · · · · · ·						
Principal Place of Business Amailing Address				DO NOT WRITE IN THIS SPACE					
			Suite, Apt. #, etc. City & State	etc.		DO NOT WRITE IN THIS SPACE 4. FEI Number FO 2000000 Applied For			
City & State			Zip Countr		nter.	59-2606096 Not Appli			
Zip	6 Name	Country and Address of Current I	,	Coun	T	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent			
UVMAN (SHERRY L.	Bilu Muurgaa vi Gurioii.	registered Agent		Name	f. Hame week	TOURISS OF THE COLUMN	Alamie	
200N ADI	MIRALS ĈO	VE BLVD.	-		Street Address (I	P.O. Box Number	is Not Acceptable)		
JUPITER I	FL 33477				City			FL	Zip Code
8. The above	named entity	y submits this statement for	the purpose of changing its	s registere		ed agent, or both,	, in the State of Flori		
SIGNATURE				-		· 			
9. Capital Co	ntributions	or printed name of registered agent a \$47,500.00	10. Amount of Capit	tal Contrib	d Agent signature required butions	when reinstating)			DEPT. OF STATE
as Shown o	Α (GENERAL PARTNER T	in FLORIDA to c	NTITY M	UST BE REGIST	ERED AND AC	TIVE WITH THIS	OFFICE.	EE INFORMATION
12.	NOTE	: General Partners MA GENERAL PARTNER	Y NOT be changed on t INFORMATION	the form	; an amendmen	t must be filea	ADDRESS CHA		er.
DOCUMENT#	G9301300 B.L.W. EN				EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		RAL COVE BLVD.		CITY	-ST-ZIP				
DOCUMENT#				STRE	EET ADDRESS	710	000032 -05/10/	2 45 6	476 008034
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DOCUMENT#				STRE	EET ADORESS				
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DOCUMENT#			PT-ATEUR	STRE	EET ADDRESS				
STREET ADDRESS CITY - ST - ZIP				СПУ	-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 PROJECTION BENDANKEL 4-13-06 561-744-1033 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Date Description Phone #									