

2002 UNIFORM BUSINESS REPORT (UBR)

000873 AT

DOCUMENT # **A97000001227**

1. Entity Name
ROYAL COURT VILLAS, LTD.

FILED

02 APR 29 PM 4: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**7950 N.E. BAYSHORE COURT
MIAMI FL 33138**

Mailing Address
**900 BAY DRIVE, PH#2
MIAMI BEACH FL 33141**



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0760496	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERSON, JUDITH S 900 BAY DR., PH#2 MIAMI BEACH FL 33141		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.	\$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000084101 PELICAN HARBOUR MANAGEMENT, INC. 900 BAY DRIVE PH#2 MIAMI BEACH FL 33141	STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
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		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	

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***150.00 ***150.00

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** **4/26/02 305.757.5722**
Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE