2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001283

1. Entity Name

MIRAMAR PLACE PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR -3 AM 10:41

Principal Place of Business
323 PAGE BACON ROAD. SUITE 17
MARY ESTHER FL 32569

Mailing Address
323 PAGE BACON ROAD. SUITE 17
MARY ESTHER FL 32569

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DUE BY MAY 1, 2002

4. FEI Number 59-3424247 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

MIRAMAR PLACE DEVELOPMENT, INC.
323 PAGE BACON ROAD, SUITE 17
MARY ESTHER FL 32569

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 _____
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $48.00

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 #	P96000101147	STREET ADDRESS	
NAME	MIRAMAR PLACE DEVELOPMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	323 PAGE BACON ROAD, SUITE 17		
CITY-ST-ZIP	MARY ESTHER FL 32569		
DOCUMENT #		STREET ADDRESS	000005194590--5
NAME			-04/05/02--01018--014
STREET ADDRESS		CITY-ST-ZIP	****141.25 ****141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: Gary W. McMichael — 1.17.02 — 850 244.4143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/01)

000136 AT