

2002 UNIFORM BUSINESS REPORT (UBR)

0004704 AV

DOCUMENT # A97000001296

1. Entity Name

MARINA TOWER OF SARASOTA, LTD.

FILED

2002 MAR -4 PM 3:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

75 COCOANUT AVENUE
SARASOTA FL 34236

75 COCOANUT AVENUE
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

1264 N. Palm Avenue

1264 N. Palm Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0817693

Applied For

Not Applicable

Zip

Country

34236

Sarasota

Zip

Country

34236

Sarasota

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

SKALITZKY, ROBERT
1264 N. PALM AVENUE
SARASOTA FL 34236

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.

2/27/02

DATE

9. Capital Contributions
as Shown on record.

\$2,200,000.00

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 # P97000051991
NAME MT OF SARASOTA, INC.
STREET ADDRESS 1264 N. PALM AVE.
CITY-ST-ZIP SARASOTA FL 34236

STREET ADDRESS

CITY-ST-ZIP

200005099732--7
-03/13/02--01060--005
****535.00 ****535.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/28/02 941-966-5000

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE