

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

0008230
AT

DOCUMENT # **A97000001913**

1. Entity Name
CRYSTAL COVE, LTD.

02 APR 22 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**401 WEST COLONIAL DRIVE, SUITE 7
ORLANDO FL 32804**

Mailing Address
**401 WEST COLONIAL DRIVE, SUITE 7
ORLANDO FL 32804**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number
59-3469137

Applied For
Not Applicable

Zip Country Zip Country

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

**MACARTHUR, WILLIAM H
401 WEST COLONIAL DRIVE, SUITE 7
ORLANDO FL 32804**

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. **\$1,086,976.34**

10. Amount of Capital Contributions in FLORIDA to date. **1,086,976.34**

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 # **P97000076577**
NAME **BDC CRYSTAL COVE, INC.**
STREET ADDRESS **401 WEST COLONIAL DRIVE, SUITE 7**
CITY-ST-ZIP **ORLANDO FL 32804**

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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: *Liz Conway* **LIZ CONWAY, BDC CRYSTAL COVE, INC. GP** **4/19/02** **407-425-8276**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)