

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
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
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 59-3469137
Applied For
Not Applicable

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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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]* *LIZ CONANT* *Asst Sec/TREAS* *BDC CRYSTAL COVE, INC. CP* *4/19/02* *407-425-8276*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)