

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002704**

1. Entity Name
MYSTIC COVE ASSOCIATES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 13 AM 10:12

Principal Place of Business
**1280 N. CONGRESS AVENUE, STE. 215
WEST PALM BEACH FL 33409**

Mailing Address
**1280 N. CONGRESS AVENUE, STE. 215
WEST PALM BEACH FL 33409**

2. Principal Place of Business
2101 Centrepark West Dr.

3. Mailing Address
Same as 2

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State

Zip
33409 Country
USA

Zip Country

4. FEI Number **65-0809086**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE MENDOZA, MARIO F. G III ESQ
MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, STE. 602
PALM BEACH FL 33480**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions
as Shown on record. **\$756,212.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT # **P97000077354**
NAME **MYSTIC COVE DEVELOPMENT CORPORATION**
STREET ADDRESS **1280 N. CONGRESS AVENUE, STE. 215**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **2101 Centrepark West Dr. #100**
CITY-ST-ZIP **West Palm Beach, FL 33409**

STREET ADDRESS
CITY-ST-ZIP

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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: **Robert A. Bent**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-28-03 561-478-8501
Date Daytime Phone #

001866 AT

CR2E003 (10/02)