

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016051 AT

DOCUMENT # A97000002775

1. Entity Name
BAYSHORE APARTMENTS LIMITED PARTNERSHIP



FILED

03 APR 16 PM 2:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
2476 N. ESSEX AVE.
HERNANDO FL 34442

Mailing Address
2476 N. ESSEX AVE.
HERNANDO FL 34442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3482422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABEL, ERIC D ESQ.
2476 N ESSEX AVENUE
HERNANDO FL 34442

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

DATE

9. Capital Contributions
as Shown on record. \$247,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000104372
NAME KELLER COURT, INC.
STREET ADDRESS 2450 N. CITRUS HILLS BLVD.
CITY-ST-ZIP HERNANDO FL 34442

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P97000104368
NAME JOHAB, INC.
STREET ADDRESS 27 ADALIA
CITY-ST-ZIP TAMPA FL 33606

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-10-03 746-6060

Date Daytime Phone #

CR2E003 (10/02)