

# 2002 UNIFORM BUSINESS REPORT (UBR)

0013611 AT

**DOCUMENT # A97000002779**

FILED

02 MAR 14 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MJM



1. Entity Name

**SALT CREEK MANAGEMENT PARTNERSHIP, LTD.**

Principal Place of Business

Mailing Address

1 BEACH DRIVE S.E., SUITE 1006  
ST. PETERSBURG FL 33701

1 BEACH DRIVE S.E., SUITE 1006  
ST. PETERSBURG FL 33701

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

**59-3485190**

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

**LAZZARA, BETTY B**  
1 BEACH DRIVE S.E., SUITE 1006  
ST. PETERSBURG FL 33701

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.

**\$2,000,000.00**

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 #	<b>P97000069175</b>
NAME	<b>BOSWORTH MARINE MANAGERS, INC.</b>
STREET ADDRESS	<b>1 BEACH DRIVE S.E., SUITE 1006</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**200005169922-9**  
**03/26/02 01066-011**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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: Betty B. Lazzara **BETTY B. LAZZARA** MARCH 9 2002 727-898-6060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE