

2002 UNIFORM BUSINESS REPORT (UBR)

0002340 AB

DOCUMENT # A98000000855

1. Entity Name
MIRAGE ON THE GULF, LTD.

FILED
02 OCT 17 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
171 GRAY STREET
AMHERST MA 01002-2015

Mailing Address
171 GRAY STREET
AMHERST MA 01002-2015



2. Principal Place of Business
212 S. Bridge Street
Suite, Apt. #, etc.
P.O. Box 339
City & State
Yorkville, IL
Zip
60560
Country
Kendall

3. Mailing Address
212 S. Bridge Street
Suite, Apt. #, etc.
P.O. Box 339
City & State
Yorkville, IL
Zip
60560
Country
Kendall

DUE BY SEPTEMBER 25, 2002

4. FEI Number **59-3513827**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. **\$100,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$100,000.00**

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

DOCUMENT #	P98000030989
NAME	LEVI-NIELSEN MIRAGE, INC.
STREET ADDRESS	171 GRAY STREET
CITY-ST-ZIP	AMHERST MA 01002-2015
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	212 S. Bridge Street P.O. Box 339
CITY-ST-ZIP	Yorkville, IL 60560
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *[Signature]* **JOHN FAILLA** 9/23/02 630-553-3022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (4/02)