

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000900**

1. Entity Name
BAHIA SUN ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business
~~C/O ROSEN DEVELOPMENT GROUP, INC.~~
550 MAMARONECK AVENUE
HARRISON NY 10528

Mailing Address
% ROSEN DEVELOPMENT GROUP, INC.
2250 AVENIDA DEL VERA
N. FT. MYERS FL 33917

FILED

03 MAY -5 PM 7:04

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



2. Principal Place of Business
2250 Avenida Del Vera

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. Ft. Myers

Zip

Country

Zip

Country

33917

4. FEI Number **58-2386109**

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

CALLAHAN, W. SCOTT ESQUIRE
37 NORTH ORANGE AVENUE, STE 200
ORLANDO FL 32801

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. **\$1,560,000.00**

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 # **P98000032322**
NAME **BAHIA SUN REALTY CORP.**
STREET ADDRESS **550 MAMARONECK AVENUE**
CITY-ST-ZIP **HARRISON NY 10528**

STREET ADDRESS

CITY-ST-ZIP

500018004605
05/05/03--01051--004 **526.25

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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 REQUIRED

4-28-03

239-831-4538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0014961 AT

STAPLE CHECK HERE