

2001 UNIFORM BUSINESS REPORT (UBR)

0007341 AF

DOCUMENT # **A98000001755**

1. Entity Name

MSDP, "LTD."

FILED

Principal Place of Business
P.O. BOX 16550
WEST PALM BEACH FL 33416

Mailing Address
P.O. BOX 16550
WEST PALM BEACH FL 33416

01 APR 23 - PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 7189
Suite, Apt. #, etc.

3. Mailing Address

PO Box 7189
Suite, Apt. #, etc.

City & State
Jupiter FL
Zip
33468 Country
USA

City & State
Jupiter FL
Zip
33468 Country
USA

4. FEI Number
65-0871111

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANDS, MICHAEL E
2247 PALM BEACH LAKES BLVD., SUITE 201
WEST PALM BEACH FL 33409

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.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent's signature required when reinstating)

DATE **4/18/01**

9. Capital Contributions
as Shown on record.

\$15,000.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
SANDS, MICHAEL E
2605 NATURES WAY
PALM BEACH GARDENS FL 33410

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
2247 Palm Beach Lakes Blvd #201
W. Palm Beach, FL 33409

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
105.00-4P
88.75-Adm

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
400004220294--1
-05/16/01--01088--011
******193.75 ****193.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/01
Date

561-688-1683
Daytime Phone #

CR2E003 (11/00)