STAPLE CHECK HERE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900000969							SECRE	FILED TARY OF STATE ASSEE, FLORIDA		
MML BOCA GRANDE, LTD.							IALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address 100 NORTH TAMPA STREET, SUITE 2120 P.O. BOX 2939 TAMPA FL 33602 TAMPA FL 33601							02 MAR 28			
Principal Place of Business 3. Mailing Address										
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	59-3582069	Applied F Not Appli	
Zip Country				Zip Cou		try	5. Certificate o	f Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name				
MUELLER, JOHN H										
100 NORTH-TAMPA-STREET, SUITE 2120						_Street Address (P.O. Box Number	is Not Acceptable)		
TAMPA FL 33602										
						City		F	Zip Code	
8. The above	named entit	y submits this statement	or the p	ourpose of changing its	registere	ed office or register	red agent, or both,	in the State of Florida.		
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title	if applicable.		··-		DATE		-
9. Capital Contributions as Shown on record. \$1,139,520.00 In FLORIDA to date						outions		11. MAKE CHECK PAYAI SEE REVERSE SIDE	BLE TO DEPT. OF STAT	
	A (SENERAL PARTNER	THAT	IS A BUSINESS EN	ITITY M	UST BE REGIS	TERED AND AC	TIVE WITH THIS OFF	CE.	
12.	NOTE	GENERAL PARTNE			13.	, an amendine	it mast be nica	ADDRESS CHANGES C		
DOCUMENT # P99000054784 NAME MML BOCA GRANDE, INC.						ET ADDRESS				10/0
STREET ADDRESS CITY-ST-ZIP	ET ADDRESS 100 NORTH TAMPA STREET, SUITE 2120					-ST-ZIP	<u></u>			7 5003
DOCUMENT # NAME					STRE	ET AODRESS			AL!	
STREET ADDRESS CITY-ST-ZIP					ÇITY	-ST-ZIP			•	
DOCUMENT #			 -		STRE	ET ADDRESS				
STREET ADDRÉSS CITY-ST-ZIP		- 	<u></u>		CITY	-ST-ZIP	40	0005185 -04/03/02	1 244 2 01038023	
DOCUMENT # NAME			_		STRE	ET ADDRESS		**************************************	####>∠D. ∠3 	
STREET ADDRESS		<u> </u>			CITY	-ST-ZIP				
DOCÚMENT / NAME					STRE	ET ADDRESS			 -	
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP				
DOCUMENT.# NAME					STRE	ET AODRESS				
STREET DORESS CITY-ST-ZIP					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 AS PRESIDENT OF SIGNATURE AS PRINTED HAME OF SIGNING GENERAL PARTNER Date Daytime Phone #										