

2002 UNIFORM BUSINESS REPORT (UBR)

0010790 AT

DOCUMENT # **A99000001728**

1. Entity Name
3806 EASTERN SHORES, LTD.

FILED

2002 APR 29 PM 5:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
**1986 N.E. 149TH STREET
NORTH MIAMI FL 33181**

Mailing Address
**1986 N.E. 149TH STREET
NORTH MIAMI FL 33181**



2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

DUE BY MAY 1, 2002

4. FEI Number **65-0975873** Applied For Not Applicable

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

**ROUSSO, MARK E ESQ.
2875 N.E. 191ST STREET, PH-3A
AVENTURA FL 33180**

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. **\$450,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$450,000.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000091956 3806 EASTERN SHORES, INC. 1986 N.E. 149TH STREET NORTH MIAMI FL 33181	STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (9/01)

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: **4-23-02** **305-940-0106**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #