LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
04 MAY 27 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B00000000206

1. Entity Name
Blue Water of Atlantis Investments, L.P.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
1201 W. Peachtree Street
Suite 2000
Atlanta, GA
30309 US

3. Mailing Address
142 JFK Circle
Atlantis FL
33462 US

DUE BY MAY 1

4. FEI Number 58-2495525 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Michael S. Singer Esq.
Street Address (P.O. Box Number is Not Acceptable): 3801 PGA Blvd. #604
City: Palm Beach Gdns FL Zip Code: 33410

6. 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. 250,000.00

10. Amount of Capital Contributions in FLORIDA to date. 250,000.00

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 #	F00000003869	STREET ADDRESS	30 Old Rudnick Lane
NAME	Blue Water of Atlantis Holdings, Inc.	CITY-ST-ZIP	Dover, DE 19901
DOCUMENT #		STREET ADDRESS	000037812420
NAME		CITY-ST-ZIP	06/09/04--01068--008 **526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	**DO NOT WRITE**
DOCUMENT #		STREET ADDRESS	**IN THIS SPACE**
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	

STAPLE CHECK HERE

CR2E003B (12/01)

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: _____ 4/29/04 561-626-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone # 2101