

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B01000000124

1. Entity Name  
345 BAY SHORE ASSOCIATES L.P.



FILED

2003 MAY -8 AM 10:48

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
345 BAYSHORE BOULEVARD  
TAMPA FL 33606  
US

Mailing Address  
410 JERICHO TURNPIKE  
SUITE 200  
JERICHO NY 11753  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 22-3780024

Applied For

Not Applicable

Zip

Country

Zip

Country

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

UCC FILING & SEARCH SERVICES, INC.  
526 EAST PARK AVE.  
STE. 200  
TALLAHASSEE FL 32302

Name  
CFRA, LLC

Street Address (P.O. Box Number is Not Acceptable)

777 S. Harbour Island Blvd., 5th floor

City Tampa

FL Zip Code 33602-5730

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 Vice President

DATE

4-04-03

9. Capital Contributions  
as Shown on record. \$2,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 2,000,000

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 # F01000001875  
NAME 345 TAMPA INC.  
STREET ADDRESS 410 JERICHO TURNPIKE  
CITY-ST-ZIP JERICHO NY 11753

STREET ADDRESS

CITY-ST-ZIP

900015462679  
05/08/03--01007--001 \*\*88.75

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900015462679  
04/08/03--01031--015 \*\*437.50

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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:

LEORA AMPUR  
VICE PRESIDENT

Date

Daytime Phone #

3/28/03 516 6815300

CR2E003 (10/02)

STAPLE CHECK HERE