

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006538
AT

DOCUMENT # B95000000133

1. Entity Name
FND LTD.



FILED

03 MAY 22 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4310 PABLO OAKS COURT
JACKSONVILLE FL 32224

Mailing Address
P.O. BOX 19366
JACKSONVILLE FL 32245-9366

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 59-3302970

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$79,954,910.69

10. Amount of Capital Contributions
in FLORIDA to date.

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 # 153521
NAME ESTUARY CORPORATION
STREET ADDRESS 4310 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE FL 32224

STREET ADDRESS 400016823804
CITY-ST-ZIP 04/24/03 01/01/15 022

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 526.25
CITY-ST-ZIP

DOCUMENT #
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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: *Susan C. Thorne* SUSAN C. THORNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APRIL 17, 2003 904/223-7480

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE