

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012710 AT

DOCUMENT # B97000000155

1. Entity Name  
LEEWARD ADVISORS L.P.



FILED  
03 APR 24 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O CT CORPORATION SYSTEM  
1209 ORANGE STREET  
WILMINGTON DE 19801

Mailing Address  
C/O ADVISORY CAPITAL PARTNERS, INC.  
1001 N. US HIGHWAY ONE, #503  
JUPITER FL 33477



2. Principal Place of Business

3. Mailing Address

C/O Advisory Capital Partners

Suite, Apt. #, etc.

Suite, Apt. #, etc.

505 S Flagler Dr, Suite 1450

City & State

City & State

West Palm Beach FL

Zip

Country

Zip

33401

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0729949

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

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.

600016958776

04/24/03 01051 003 \*\*526.25

9. Capital Contributions as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,000,000.00

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 # F97000001039  
NAME LEEWARD INVESTORS INC.  
STREET ADDRESS 1001 N. US HIGHWAY 1, #503  
CITY-ST-ZIP JUPITER FL 33477

STREET ADDRESS

505 South Flagler Dr, Suite 1450

CITY-ST-ZIP

West Palm Beach FL 33401

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/21/03

Date

561-835-8395

Daytime Phone #

CR2E003 (10/02)