

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000276

1. Entity Name

16333 BAY VISTA LIMITED PARTNERSHIP

Principal Place of Business

3417 WEST EL CORTEZ
LAS VEGAS NV 89102

Mailing Address

C/O CHRISTIAN TYLER PROPERTIES, LTD.
3001 NORTH ROCKY POINT DR. EAST, SUITE 200
TAMPA FL 33607

FILED

01 MAY -7 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

141.25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3001 N. Rocky Point Dr., E.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

City & State

TAMPA, FL

City & State

Zip

33607

Country

Zip

Country

4. FEI Number

59-3451125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EICHOLTZ, KIRK D ESQUIRE

3001 NORTH ROCKY POINT DRIVE EAST, STE.200

TAMPA FL 33607

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # L96000001194
NAME CHRISTIAN TYLER PROPERTIES II, L.C.
STREET ADDRESS 3001 NORTH ROCKY POINT DR. EAST., STE. 200
CITY-ST-ZIP TAMPA FL 33607

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

3000004376543--4

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-01

Date

813-284-4801

Daytime Phone #