

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000523

1. Entity Name
MARINE PARK OF FLAGLER LIMITED PARTNERSHIP



FILED
03 APR 28 AM 8:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
3343 PEACHTREE ROAD, NE. SUITE 1600
ATLANTA GA 30326

Mailing Address
1000 ABERNATHY ROAD, SUITE 1800
ATLANTA GA 30328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2344162

Applied For
Not Applicable

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KNOBLE, ICA~~ Albert J. Hadeed
~~111 NORTH ORANGE AVE, SUITE 2050~~ 4 Ocean Vista Lane
~~ORLANDO FL 32801~~ Palm Coast, FL
Chg'd 4/23/02 on 3/2/37

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

DATE

9. Capital Contributions as Shown on record. \$1,500,000.00

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 # F97000005160
NAME MARINE PARK G.P., INC.
STREET ADDRESS 1000 ABERNATHY ROAD, SUITE 1250
CITY-ST-ZIP ATLANTA GA 30328

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

(904)
471-1111

CR2E003 (10/02)

0005487 AT