

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000069

1. Entity Name

BAYSHORE OPERATING ASSOCIATES, LIMITED PARTNERSH
IP

Principal Place of Business

330 GARFIELD STREET
SANTA FE NM 87501

Mailing Address

330 GARFIELD STREET
SANTA FE NM 87501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

85-0458482

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

GREENE, ROBERT ESQ.
C/O GREENE, DONNELLY & SCHERMER
1301 6TH AVENUE WEST, SUITE 400
BRADENTON FL 34305

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.

DATE

9. Capital Contributions
as Shown on record.

\$2,200,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # M99000000214
NAME BGKV BAYSHORE LLC
STREET ADDRESS 330 GARFIELD STREET
CITY-ST-ZIP SANTA FE NM 87501

STREET ADDRESS

CITY-ST-ZIP

200005196392--2
-04/08/02--01007--023

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

*****437.50 *****437.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200005196392--2
-04/08/02--01007--024

*****88.75 *****88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/30/02

Date

505 992 5100

Daytime Phone #

0020431 AB

CR2E003 (9/01)

PLEASE CHECK HERE

APPROVED
AND
FILED
02 APR -1 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

