

2002 UNIFORM BUSINESS REPORT (UBR)

0003646 AV

DOCUMENT # A08836

1. Entity Name

ADMIRAL '80, LTD.

FILED

02 APR - 1 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2400 N.W. BOCA RATON BLVD. BOCA RATON FL 33431-6647	Mailing Address 2400 N.W. BOCA RATON BLVD. BOCA RATON FL 33431-6647
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State City & State

4. FEI Number **59-1999500** 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

**OLSON, NORMAN D.
SUITE #5
2400 N.W. BOCA RATON BLVD.
BOCA RATON FL 33431-6647**

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

9. Capital Contributions as Shown on record. **\$325,000.00** 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 # NAME STREET ADDRESS CITY-ST-ZIP	OLSON, NORMAN D. 2400 N.W. BOCA RATON BL BOCA RATON FL	STREET ADDRESS CITY-ST-ZIP	700005195077--5 -04/05/02--01029--008 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ECKHOUSE, RICHARD H. 2400 N.W. BOCA RATON BL BOCA RATON FL	STREET ADDRESS CITY-ST-ZIP	700005195077--5 -04/05/02--01029--008 *****8.75 *****8.75
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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: *Norman D. Olson* **REQUIRED** Norman D. Olson, G.P 31Dec01 561-750-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE