

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

0007703 AF

**DOCUMENT # A12669**

1. Entity Name  
**H.E.C., LTD.**

01 APR 27 PM 6:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address

**433 PLAZA REAL SUITE 335  
BOCA RATON FL 33432**      **433 PLAZA REAL SUITE 335  
BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

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 **59-2222498**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAGG, K. LAWRENCE  
200 S. BISCAYNE BLVD.  
% WHITE & CASE, STE. 4900  
MIAMI FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      **\$875,000.00**

10. Amount of Capital Contributions in FLORIDA to date.      **875,000.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>CROCKER, WILLIAM J. 433 PLAZA REAL, STE. #335 BOCA RATON FL 33432</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>CROCKER, THOMAS J. 433 PLAZA REAL STE 335 BOCA RATON FL 33432</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>F34267 W.J. CROCKER &amp; SONS, INC. 433 PLAZA REAL STE 335 BOCA RATON FL 33432</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	<b>300004194833--0</b>
STREET ADDRESS	<b>-05/11/01--01012--021</b>
CITY - ST - ZIP	<b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
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: **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/12/01**      **(321) 325-9666**  
Date      Daytime Phone #

CP2E003 (11/00)