

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003616 AV

DOCUMENT # **A12669**

1. Entity Name

H.E.C., LTD.

02 APR 19 PM 12: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

433 PLAZA REAL SUITE 335
BOCA RATON FL 33432

Mailing Address

433 PLAZA REAL SUITE 335
BOCA RATON FL 33432



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

59-2222498

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

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

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.

\$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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS	CITY-ST-ZIP
000005366170--8	04/29/02 01034 017
	*****526.25 *****526.25

CR2E003 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/02 Date (561) 395-9666 Daytime Phone #