

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001330

1. Entity Name

PHOENIXWEST ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2295 CORPORATE BLVD., N.W., SUITE 222
BOCA RATON FL 33431

Mailing Address

P.O. BOX 5010
BOCA RATON FL 33431-0810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2652789

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

HERRICK, NORTON
2295 CORPORATE BLVD., N.W.
SUITE 222
BOCA RATON FL 33431

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Capital Contributions
as Shown on record.

\$100.00

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 # P93000084142
NAME G-P PHOENIXWEST, INC.
STREET ADDRESS 2295 CORPORATE BLVD., SUITE 222
CITY - ST - ZIP BOCA RATON FL 33431

STREET ADDRESS

CITY - ST - ZIP

100003245461 - - 2
-05/10/00--01003--001

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***6750.00 ***150.00

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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 REQUIRED

Howard Herrick

Date

4/17/00

Daytime Phone #

561-241-9880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CF 001 (0/0/01)