

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008049 AF

**DOCUMENT # A98000001040**

1. Entity Name  
**ADMIRAL BUILDING ASSOCIATES, LTD.**

FILED  
01 APR 27 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business <b>% SOUTHEAST PROPERTY ASSOCIATES, INC. 1645 S.E. 3RD COURT, STE 200 DEERFIELD BEACH FL 33441</b>	Mailing Address <b>% SOUTHEAST PROPERTY ASSOCIATES, INC. 1645 S.E. 3RD COURT, STE 200 DEERFIELD BEACH FL 33441</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number <b>65-0827587</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**G.P. ADMIRAL BUILDING, INC.  
1645 S.E. 3RD COURT, STE 200  
DEERFIELD BEACH FL 33441**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$20,000.00**

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 this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	<b>P98000034919</b>
NAME	<b>G.P. ADMIRAL BUILDING, INC.</b>
STREET ADDRESS	<b>1645 S.E. 3RD COURT STE 200</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	<b>300004218009--2</b>
CITY-ST-ZIP	<b>05/15/01-01108--005</b>
	<b>***228.75 ***228.75</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (11/00)

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] **4/23/01** **954-420-109**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #