

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012209 AT

DOCUMENT # **A98000001040**

1. Entity Name

**ADMIRAL BUILDING ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02. APR 15



Principal Place of Business % SOUTHEAST PROPERTY ASSOCIATES, INC. 1645 S.E. 3RD COURT, STE 200 DEERFIELD BEACH FL 33441	Mailing Address % SOUTHEAST PROPERTY ASSOCIATES, INC. 1645 S.E. 3RD COURT, STE 200 DEERFIELD BEACH FL 33441
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2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2002**

4. FEI Number **65-0827587**      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

**G.P. ADMIRAL BUILDING, INC.  
1645 S.E. 3RD COURT, STE 200  
DEERFIELD BEACH FL 33441**

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. **\$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 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	<b>P98000034919 G.P. ADMIRAL BUILDING, INC. 1645 S.E. 3RD COURT STE 200 DEERFIELD BEACH FL 33441</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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\*\*\*\*228.75 \*\*\*\*228.75

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

4.802      954-420-104

Date      Daytime Phone #

CR2E003 (9/01)