

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # B97000000253**

1. Entity Name  
**2825 WINKLER LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP -7 AM 10:02

Principal Place of Business  
751 PARK OF COMMERCE DR., STE. 128  
BOCA RATON FL 33487

Mailing Address  
751 PARK OF COMMERCE DR., STE. 128  
BOCA RATON FL 33487-3623



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **52-2036061** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**Florida Lawdock, Inc**  
**222 Lakeview Ave - 4th Fl**  
**West Palm Beach, FL 33402**

7. Name and Address of New Registered Agent  
Name **Nancy B. Colman, Esq. Drier Baritz & Colman**  
Street Address (P.O. Box Number is Not Acceptable)  
**150 East Palmetto Park Rd.**  
**Ste 401**  
City **Boca Raton** FL Zip Code **33432**

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 **Nancy B. Colman** DATE **8/14/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$99.00**

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

DOCUMENT #	<b>F97000002806</b>
NAME	<b>2825 CORP.</b>
STREET ADDRESS	<b>751 PARK OF COMMERCE DR., STE. 128</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33487</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>500003391935--3</b>
STREET ADDRESS	<b>-09/13/00--01080--002</b>
CITY-ST-ZIP	<b>***141.25 ***141.25</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: **SIGNATURE REQUIRED** DATE **4-26-00** DAYTIME PHONE # **(904) 822-7770**  
Signature, typed or printed name of signing general partner

CR2E003 (9/99)