


2001 UNIFORM BUSINESS REPORT (UBR)

0008915 AF

DOCUMENT # B97000000253

1. Entity Name
2825 WINKLER LIMITED PARTNERSHIP

FILED
01 MAY 17 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 52-2036061	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NANCY B. COLMAN, ESQ.
DREIER, BARITZ & COLMAN
150 EAST PALMETTO PARK RD., STE. 401
BOCA RATON FL 33432**

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 _____

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 # NAME STREET ADDRESS CITY-ST-ZIP	F97000002806 2825 CORP. 751 PARK OF COMMERCE DR., STE. 128 BOCA RATON FL 33487
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	900004418249--2 -06/13/01--01082--015 ****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
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)(l), 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: **5/11/01** Daytime Phone #: **561-982-7770**

CR2E003 (11/00)

DO NOT WRITE IN THIS SPACE