

2001 UNIFORM BUSINESS REPORT (UBR)

0004108 AV

DOCUMENT # B97000000253
 1. Entity Name
2825 WINKLER LIMITED PARTNERSHIP

FILED
 02 MAY 22 PM 1:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

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 **52-2036061** Applied For
 Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	F97000002806
NAME	2825 CORP.
STREET ADDRESS	751 PARK OF COMMERCE DR., STE. 128
CITY-ST-ZIP	BOCA RATON FL 33487
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	<i>Adm - 400.00</i>
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	<i>AR 52.50</i>
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	<i>ARSUPP 88.75</i>
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	<i>CERT 8.75</i>
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	688805638706--S
CITY-ST-ZIP	-05/30/02--01007--011
	****550.00 ****550.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	BK
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]* **President** 5/20/02 861-982-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)