

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008922 AF

<b>DOCUMENT #</b> A00000000032	
<b>1. Entity Name</b>	
AMERICANFREEWAY LIMITED PARTNERSHIP	

**FILED**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON FL 33487	751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON FL 33487

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



<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
FLORIDA LAWDOK INC. 222 LAKEVIEW AVE WEST PALM BEACH FL 33401		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** \_\_\_\_\_

<b>9. Capital Contributions</b> as Shown on record. <b>\$0.00</b>	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	P00000006005	STREET ADDRESS	
NAME	FLORIDAFREEWAY, INC.	CITY-ST-ZIP	100004418251--6
STREET ADDRESS	751 PARK OF COMMERCE DRIVE, SUITE 128		-06/13/01--01082--016
CITY-ST-ZIP	BOCA RATON FL 33487		****141.25 ****141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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 5/1/01 561-982-7770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)