

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007616 AF

**DOCUMENT # A00000000688**

1. Entity Name

3600 PARTNERS, LTD.

**FILED**

01 JAN 19 AM 9:30

Principal Place of Business

3998 FAU BOULEVARD, SUITE 307  
BOCA RATON FL 33431

Mailing Address

3998 FAU BOULEVARD, SUITE 307  
BOCA RATON FL 33431

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1582162

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEAD, THOMAS A  
3998 FAU BOULEVARD, SUITE 307  
BOCA RATON FL 33431

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$10,000.00

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 # P00000041539  
NAME 3600 DEVELOPMENT CORP.  
STREET ADDRESS 3998 FAU BOULEVARD, SUITE 307  
CITY-ST-ZIP BOCA RATON FL 33431

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

*THOMAS A. HEAD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/17/01  
Date

561 347-6915  
Daytime Phone #

CR2E003 (11/00)