

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004124 AV

DOCUMENT # A00000002074

1. Entity Name

ISLES OF WELLINGTON ASSOCIATES LIMITED PARTNERSH  
P

FILED

02 MAR 14 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12-18



Principal Place of Business  
1000 CLINT MOORE ROAD, SUITE 110  
BOCA RATON FL 33487

Mailing Address  
1000 CLINT MOORE ROAD, SUITE 110  
BOCA RATON FL 33487

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number 65-1066840

☒ Applied For  
☐ Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINKELSTEIN, RICHARD  
1000 CLINT MOORE ROAD, SUITE 110  
BOCA RATON FL 33487

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.

DATE

9. Capital Contributions  
as Shown on record.

\$0.00

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 # P00000103320  
NAME KENCO COMMUNITIES AT ISLE OF WELLINGTON, I  
STREET ADDRESS 1000 CLINT MOORE ROAD, SUITE 110  
CITY-ST-ZIP BOCA RATON FL 33487

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JUDY MATTHEWS GRAY

Date

Daytime Phone #

3/12/02

561-997-5760

CR2E003 (9/01)

STAPLE CHECK HERE