

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000590

1. Entity Name
7280 BOYNTON BEACH ASSOCIATES, LTD.



Principal Place of Business
C/O 7280 BBB DEVELOPMENT, INC.
3998 N.W. F.A.U. BOULEVARD
BOCA RATON FL 33431

Mailing Address
C/O 7280 BBB DEVELOPMENT, INC.
3998 N.W. F.A.U. BOULEVARD
BOCA RATON FL 33431

FILED

2003 FEB 11 PM 12:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

307

Suite, Apt. #, etc.

307

City & State

City & State

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

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

HEAD, THOMAS S
3998 N.W. F.A.U. BOULEVARD
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 307

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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 FL. 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 # P02000039648
NAME 7280 BBB DEVELOPMENT, INC.
STREET ADDRESS 3998 N.W. F.A.U. BOULEVARD
CITY-ST-ZIP BOCA RATON FL 33431

STREET ADDRESS

Suite 307

CITY-ST-ZIP

400012324534

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

PAID

JAN 22 2003

CK 1049

9141.25

CR2E003 (10/02)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #