

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000365 AT

DOCUMENT # A02000000654



1. Entity Name
4101 N. FEDERAL HIGHWAY ASSOCIATES, LIMITED PART
NERSHIP

FILED

03 SEP 16 AM 9:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED

Principal Place of Business
4030 N.E. 31ST AVENUE
LIGHTHOUSE POINT FL 33064

Mailing Address
4030 N.E. 31ST AVENUE
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 24, 2003

9/16



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

ANDREWS, EMANUEL N
4030 N.E. 31ST AVENUE
LIGHTHOUSE POINT FL 33064

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. 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.

\$1,000.00

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 # 390397
NAME 4101 N. FEDERAL HIGHWAY ASSOCIATES, INC.
STREET ADDRESS 4030 N.E. 31ST AVENUE
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

STREET ADDRESS

CITY-ST-ZIP

200023055462

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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:

Signature of Emanuel N. Andrews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

E.N. ANDREWS 9-10-03 954-785 3333

Date

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE