

2002 UNIFORM BUSINESS REPORT (UBR)

0018403 AB

DOCUMENT # **A04748**

1. Entity Name

COLONY EAST ASSOCIATES, LTD.

FILED

02 APR 18 PM 2:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business

**% THOMAS M. GRAHAM & CO.
230 PARK AVE. SUITE 945
NEW YORK NY 10169**

Mailing Address

**% THOMAS M. GRAHAM & CO.
230 PARK AVE. SUITE 945
NEW YORK NY 10169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-1558295

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

**GRONE, ERWIN
5856 DAHLIA DR.
ORLANDO FL 32807**

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.

\$254,999.00

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 #	
NAME	GRAHAM, THOMAS M JR.
STREET ADDRESS	275 WILLOW ST.
CITY-ST-ZIP	SOUTHPORT CT
DOCUMENT #	
NAME	WERWAISS, JOHN A
STREET ADDRESS	1107 5TH AVE.
CITY-ST-ZIP	NEW YORK NY
DOCUMENT #	
NAME	ANDREWS, VINCENT S JR.
STREET ADDRESS	101 OCEAN AVE.
CITY-ST-ZIP	SANTA MONICA CA
DOCUMENT #	
NAME	ANDREWS, ROBERT L
STREET ADDRESS	161 SUNRISE HILL LANE
CITY-ST-ZIP	NORWALK CT
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	000005348430--9
	04/25/02 01053 013
STREET ADDRESS	*****526.25 *****526.25
CITY-ST-ZIP	
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)