

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 08:00 AM
Secretary of State

DOCUMENT # **A05974**

1. Entity Name

HILLSBOROUGH ASSOCIATES, LTD

Principal Place of Business

5011 JACKSON STREET

HOLLYWOOD

33021

FL

Mailing Address

% JAMES W. BRYAN

6550 N FEDERAL HWY STE 340

FORT LAUDERDALE

33308

US

FL

2. Principal Place of Business

3. Mailing Address

% JAMES W. BRYAN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6550 N FEDERAL HWY STE 240

City & State

City & State

FORT LAUDERDALE

FL

Zip

Country

Zip

Country

33308

US

4. FEI Number

65-0197777

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

BRYAN, JAMES W.

6550 N. FEDERAL HWY., #340

FT. LAUDERDALE

33308

US

FL

Name

BRYAN JAMES W

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

6550 N. FEDERAL HWY., #240

City

FT. LAUDERDALE

FL

Zip Code

33308

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 **JAMES W BRYAN**

04/23/2001

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. 29,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 29,000.00

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

STREET ADDRESS

CITY-ST-ZIP

FRIEDMAN, JAMES

5011 JACKSON ST.

HOLLYWOOD

FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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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:

James Friedman

GP

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)