## **2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)**

## A07765 DOCUMENT #

1. Entity Name CIMARRON ASSOCIATES, LTD.



Principal Place of Business 40 CUTTER MILL RD. SUITE 201 **GREAT NECK NY 11021** 

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address 40 CUTTER MILL RD. SUITE 201

**GREAT NECK NY 11021** 

3. Mailing Address

Suite, Apt. #, etc.

FILED 03 JAN 14 PN 2: 19

SECRETARY OF STATE, TALLAHASSEE, FLORIDA



**DUE BY MAY 1, 2003** 

S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name Street Address (PO. Box Numbor is Not Acceptable)  Street Address (PO. Box Numbor is Not Acceptable)  The Address of Power Registered Agent  City  FL  Zip Code  The Address of Registered Agent  City  FL  Zip Code  The Address of Registered Agent  City  FL  Zip Code  The Address of Registered Agent  The Address of	City & State City & S			State		4. FEI Number 59-1863224		Applied For Not Applicable
S. Name and Address of Current Registered Agent   Street Address of Now Registered Agent	Zip	Zip Country Zip		Coun	try	5. Certificate of	5. Certificate of Status Desired \$8.75 Additional	
RICHARD, JOHN 830 ARLINGTON RIVER DR. JACKSOWILLE FL 32221  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forida. Tam familiar with, and accept the obligations of registered agent and the language.  9. Capital Contributions as Shown on record.  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Tam familiar with, and accept the familiar with, and accept the familiar with and accept the familiar with. And accept the familiar with and accept the familiar with and accept the familiar with. And accept the familiar with an accept the familiar with an accept the familiar with and accept the familiar with an accept		6. Name and Address of Curre	nt Registered Agent		. a-	7. Name and A	ddress of New Registere	•
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ACKSONNILE F1 32221  City FL Zp Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent.  9. Capital Contributions as State of Forda. I am familiar with, and accept in the Chigation of the Contributions of the Contributions as Shown on record as Shown on record.  9. Capital Contributions as Shown on record.  9. Capital Contributions in FLORIDA to date.  11. MAKE CHEER PAYABLE TO FL. DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.  A GENERAL PARTNERTHAT 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION.  9. CAPITAL PARTNER INFORMATION.  13. ADDRESS CHANGES ONLY.  STREET ADDRESS.  SALLOR CORP.  4. CUTTERMILL RD, #201  GREAT NECK NY 11021  CITY-ST-ZP  CITY	f · · · · · · · · · · · · · · · · · · ·				Street Address (R.O. Boy Number in Not Assessable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  9. Capital Contributions 9. Capital Contributions 9. Capital Contributions 9. Taylou.  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 filled to change a general partner.  CENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  15. ADDRESS CHANGES ONLY  DIQUISITY.  GENERAL PARTNER INFORMATION 15. ADDRESS CHANGES ONLY  STREET ADDRESS  GENERAL PARTNER INFORMATION 15. ADDRESS CHANGES ONLY  STREET ADDRESS  GENERAL PARTNER INFORMATION 15. ADDRESS CHANGES ONLY  STREET ADDRESS  GENERAL PARTNER INFORMATION 17. ST. ZP  DICUMENT / MME  STREET ADDRESS  GITY-ST-ZP  DICUMENT /					Silver Address (F.O. Box Number is Not Acceptable)			
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat					City			
the obligations of registered agent.  SIGNATURE  9. Capital Contributions ST42,000.00  10. Amount of Capital Contributions In ELORIDA to date.  A GENERAL PARTINER 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  STREET ADDRESS  CITY-ST-2P  OCCUMENT / NAME  STREET ADDRESS					City		F	Zip Code
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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	14. I hereby c	ertify that the information supplied wi	th this filing does not au	alify for the exen	nption stated in S	Section 119.07(3)(i) I	Florida Statutes, I further o	ertify that the information

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

1/6/03