2002 UNIFORM BUSINESS REPORT (UBR)

000911 AV

DOCUMENT # A08197

1. Entity Name

DORR ASSOCIATES, LTD.

FILED

02 APR 26 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
ONE SE THIRD AVE STE. 3050 MIAMI FL 33131	ONE SE THIRD AVE STE. 3050 MIAMI FL 33131

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 22-2288842 ☐ 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
ROSENBERG, DONALD S. ONE SE THIRD AVE. STE. 2600 MIAMI FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,195,000.00		

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 #		STREET ADDRESS	
NAME	O'NEILL, GEORGE D., JR.	CITY-ST-ZIP	
STREET ADDRESS	MOUNTAIN LAKE		
CITY-ST-ZIP	LAKE WALES FL		
DOCUMENT #		STREET ADDRESS	000005450300--8
NAME	O'NEILL, ABBY	CITY-ST-ZIP	-05/03/02--01065--014
STREET ADDRESS	30 SUTTON PLACE		****535.00 ****535.00
CITY-ST-ZIP	NEW YORK NY		
DOCUMENT #		STREET ADDRESS	
NAME	O'NEILL, DAVID M.	CITY-ST-ZIP	
STREET ADDRESS	153 COVE NECK ROAD		
CITY-ST-ZIP	OYSTER BAY NY		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

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: Geo D O'Neill SIGNATURE REQUIRED 4/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #