2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

1 of 2

0001236 AV

DOCUMENT # A08197

1. Entity Name
DORR ASSOCIATES, LTD.

FILED
03 FEB 10 AM 8:47
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, 2003

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

ROSENBERG, DONALD S.
ONE SE THIRD AVE.
STE. 2600
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 _____ 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 FL. 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 # NAME STREET ADDRESS CITY-ST-ZIP	O'NEILL, GEORGE D., JR. MOUNTAIN LAKE LAKE WALES FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Caulkins ~~O'NEILL~~, ABBY 30 SUTTON PLACE NEW YORK NY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	O'NEILL, DAVID M. 153 COVE NECK ROAD OYSTER BAY NY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	825 Hardscrabble Rd.
CITY-ST-ZIP	Chappaqua, NY 10514-3011
STREET ADDRESS	1511 Cottonwood Lane
CITY-ST-ZIP	Greenwood Village, CO 80121
STREET ADDRESS	
CITY-ST-ZIP	300012230613 02710/03--01109--010 **535.00
STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED 2/5/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)

2 of 2

PLACE OF REGISTRY
STATE OF NEW YORK
COUNTY NASSAU
CITY/TOWN OYSTER BAY
DISTRICT NUMBER 2952
REGISTER NUMBER 1357

STATE OF NEW YORK
DEPARTMENT OF HEALTH
AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

FILED 03 FEB 10 AM 8

STATE FILE NUMBER
(THIS SPACE FOR STATE USE ONLY)

ISSUED 881364 ☐ SUPPLEMENTAL FILE

AFFIDAVIT

FROM THE GROOM

1. A. FULL NAME: CHARLES WELLS CAULKINS (FIRST / MIDDLE / CURRENT SURNAME)
B. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE): * * *
2. RESIDENCE A. (STATE): NEW YORK B. (COUNTY): MANHATTAN
C. CHECK ONE AND SPECIFY: ☐ CITY ☐ TOWN ☐ VILLAGE NEW YORK
D. STREET ADDRESS: 61 EAST 95TH STREET ZIP: 10128
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? ☒ YES ☐ NO
3. A. AGE: 32 3B. DATE OF BIRTH (MONTH / DAY / YEAR): 09 / 01 / 56
4. EMPLOYMENT
A. USUAL OCCUPATION: BANKER
B. TYPE OF INDUSTRY OR BUSINESS: BANKING
5. PLACE OF BIRTH (CITY, STATE/COUNTRY IF NOT USA): GROSSE POINTE, MI
6. FATHER
A. NAME: JOHN ERWIN CAULKINS
B. COUNTRY OF BIRTH: USA
7. MOTHER
A. MAIDEN NAME: PATRICIA WELLS
B. COUNTRY OF BIRTH: USA
8. NUMBER OF THIS MARRIAGE: FIRST
9. PREVIOUS MARRIAGES
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE / ANNULMENT / DEATH
B. HOW DID LAST MARRIAGE END? (1) ☐ DIVORCE (3) ☐ ANNULMENT (2) ☐ DEATH
C. DATE LAST MARRIAGE ENDED? (MONTH / DAY / YEAR)
D. ARE ANY FORMER SPOUSE(S) ALIVE? ☐ YES ☐ NO
10. IF PREVIOUSLY DIVORCED, PROVIDE THE FOLLOWING INFORMATION

	DATE OF DECREE (MONTH, DAY, YEAR)	PLACE ISSUED (CITY, STATE/COUNTRY, IF NOT USA)	AGAINST WHOM: SELF	SPOUSE
1ST			☐	☐
2ND			☐	☐
3RD			☐	☐
4TH			☐	☐

FROM THE BRIDE

11. A. FULL NAME: ABBY O'NEILL (FIRST / MIDDLE / CURRENT SURNAME)
B. MAIDEN NAME, IF DIFFERENT: * * *
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE): CAULKINS
12. RESIDENCE A. (STATE): NEW YORK B. (COUNTY): MANHATTAN
C. CHECK ONE AND SPECIFY: ☐ CITY ☐ TOWN ☐ VILLAGE NEW YORK
D. STREET ADDRESS: 30 SUTTON PLACE ZIP: 10022
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? ☒ YES ☐ NO
13. A. AGE: 35 13. B DATE OF BIRTH (MONTH / DAY / YEAR): 03 / 27 / 53
14. EMPLOYMENT
A. USUAL OCCUPATION: * * *
B. TYPE OF INDUSTRY OR BUSINESS:
15. PLACE OF BIRTH (CITY, STATE/COUNTRY IF NOT USA): NEW YORK CITY, NY
16. FATHER
A. NAME: GEORGE DORR O'NEILL
B. COUNTRY OF BIRTH: USA
17. MOTHER
A. MAIDEN NAME: ABBY MILTON
B. COUNTRY OF BIRTH: USA
18. NUMBER OF THIS MARRIAGE: FIRST
19. PREVIOUS MARRIAGES
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE / ANNULMENT / DEATH
B. HOW DID LAST MARRIAGE END? (1) ☐ DIVORCE (3) ☐ ANNULMENT (2) ☐ DEATH
C. DATE LAST MARRIAGE ENDED? (MONTH / DAY / YEAR)
D. ARE ANY FORMER SPOUSE(S) ALIVE? ☐ YES ☐ NO
20. IF PREVIOUSLY DIVORCED, PROVIDE THE FOLLOWING INFORMATION

	DATE OF DECREE (MONTH, DAY, YEAR)	PLACE ISSUED (CITY, STATE/COUNTRY, IF NOT USA)	AGAINST WHOM: SELF	SPOUSE
1ST			☐	☐
2ND			☐	☐
3RD			☐	☐
4TH			☐	☐

I, being duly sworn, depose and say, that to the best of my knowledge and belief that the information I provided is true and that I declare that no legal impediment exists as to my right to enter into the marriage state.

21. SIGNATURE OF GROOM ▶ Charles W. Caulkins (USE CURRENT NAME)
22. SIGNATURE OF BRIDE ▶ Abby O'Neill (USE CURRENT NAME)
23. SUBSCRIBED AND SWORN TO BEFORE ME (SIGNATURE OF TOWN OR CITY CLERK) ▶ Carl L. Marcellino TOWN CLERK DATE 10/21/88

LICENSE

This license authorizes the marriage in New York State of the bride and groom named above by any person authorized by New York Domestic Relations Law §11 to perform marriage ceremonies within New York State. THIS LICENSE VALID IN NEW YORK STATE ONLY.

☐ If checked, this license is to be used only for the purpose of a second or subsequent ceremony.

SEAL

24. TOWN OR CITY CLERK
NAME (PRINT): CARL L. MARCELLINO TOWN CLERK
SIGNATURE ▶ Carl L. Marcellino DATE 10/21/88
MAILING ADDRESS (STREET / CITY/TOWN / STATE / ZIP): 54 AUDREY AVE, OYSTER BAY, NY 11771

25 A. SOLEMNIZATION PERIOD BEGINS / 25 B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON

TIME	MONTH	DAY	YEAR	MONTH	DAY	YEAR
2:45 AM/PM	10	22	88	12	20	88

CERTIFICATE

I CERTIFY THAT I SOLEMNIZED THE MARRIAGE OF THE PERSONS NAMED ABOVE ON THE DATE AND AT THE TIME AND PLACE INDICATED.

26. SOLEMNIZATION OCCURRED

TIME	MO.	DAY	YEAR
4:30 AM/PM	11	12	88

27. TYPE OF CEREMONY
0 ☒ RELIGIOUS 1 ☐ CIVIL
9 ☐ OTHER, SPECIFY

28. PLACE WHERE MARRIAGE OCCURRED
A. STATE NEW YORK B. COUNTY Nassau
C. LOCATION OF CEREMONY (CHECK ONE AND SPECIFY)
☐ CITY OF ☒ TOWN OF ☐ VILLAGE OF
SPECIFY Oyster Bay

29. OFFICIANT
NAME (PRINT): NANCY S. TAYLOR TITLE REVEREND
SIGNATURE ▶ Nancy S Taylor DATE NOV. 12 1988
MAILING ADDRESS (STREET / CITY/TOWN / STATE / ZIP): 220 Franklyn Ave, Hartford, CT 06114

30. WITNESS TO CEREMONY
NAME (PRINT): William Clay Ford Jr.
SIGNATURE ▶ William Clay Ford Jr.

31. WITNESS TO CEREMONY
NAME (PRINT): Elizabeth C. Reed
SIGNATURE ▶ Elizabeth C. Reed

DOH-5d (1/87)-Formerly VS71

W & DAYS OF SOLEMNIZATION.