

2001 UNIFORM BUSINESS REPORT (UBR)

0008948 AF

DOCUMENT # A08248

1. Entity Name
PLAZA 1551 ASSOCIATES, LTD.

Principal Place of Business: P.O. DRAWER 3948, WEST PALM BEACH FL 33402
Mailing Address: P.O. DRAWER 3948, WEST PALM BEACH FL 33402

FILED
01 JAN 16 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **59-1959183**
Applied For Not Applicable

Zip Country Zip Country

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

BAKST, DANIEL L
BUILDINGS 200 & 400
1551 FORUM PLACE
WEST PALM BEACH FL 33401

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$0.00**

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 **BAKST, DANIEL L**
STREET ADDRESS **1551 FORUM PL. BLDG. 400**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **BAKST, ELAINE**
STREET ADDRESS **1551 FORUM PL. BLDG. 400**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

STREET ADDRESS
CITY-ST-ZIP **800003576058-8**
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/01 **561-640-8000**
Date Daytime Phone #
Daniel Bakst, General Partner

CR2E003 (11/00)