

2002 UNIFORM BUSINESS REPORT (UBR)

02 FEB 15 AM 11: 29

0007815 AT

DOCUMENT # **A11740**

1. Entity Name

ASA, LTD.

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 02 FEB 15 AM 11: 29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

**2700 WESTHALL LANE, SUITE 140
 MAITLAND FL 32751**

Mailing Address

**2700 WESTHALL LANE, SUITE 140
 MAITLAND FL 32751**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-2157465

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

**ATKINS, ROBERT B.
 2700 WESTHALL LANE
 SUITE 140
 MAITLAND FL 32751**

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.

\$3,215,793.50

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	STREET ADDRESS	CITY-ST-ZIP
	ATKINS, ROBERT B	1731 ADAMS STREET	LONGWOOD FL 32750

STREET ADDRESS	CITY-ST-ZIP
	BK
	700005024577--1
	-02/27/02-01077-017
	****526.25 ****526.25

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]* **R. B. Atkins Jr.** **2/5/02** **407.875-8040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)