

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A13193

1. Entity Name

BOYNTON ASSOCIATES, LTD.

Principal Place of Business

450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920

Mailing Address

450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920-4226

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -8 AM 10: 02



2. Principal Place of Business

5505 N. Atlantic Ave.

3. Mailing Address

5505 N. Atlantic Ave.

Suite, Apt. #, etc.

115

Suite, Apt. #, etc.

115

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

4. FEI Number

39-1421057

Applied For

Not Applicable

Zip

32931

Country

USA

Zip

32931

Country

USA

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$310,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

310,000.00

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

DOCUMENT # P32511  
NAME ROSEWOOD APARTMENTS CORPORATION  
STREET ADDRESS 9090 WILSHIRE BLVD., SUITE 201  
CITY - ST - ZIP BEVERLY HILLS CA 90211

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

310-278-2191

CR2E003 (9/99)