

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A13382

1. Entity Name
WILLOWBROOK ASSOCIATES, LTD.



Principal Place of Business
1860 S.W. 68 AVE.
MIRAMAR FL 33023
US

Mailing Address
10 FAIRWAY DRIVE, #114
DEERFIELD BEACH FL 33441
US

FILED
03 JAN 16 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

455 Fairway Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

DUE BY MAY 1, 2003

City & State

City & State

Deerfield Beach FL

4. FEI Number 59-2233199

Applied For

Not Applicable

Zip

Country

Zip

Country

33441

USA

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

SPIEGEL, SAM
10 FAIRWAY DR.
STE. #114
DEERFIELD BEACH FL 33441

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

DATE

9. Capital Contributions as Shown on record. \$750,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$ 750,000

11. MAKE CHECK PAYABLE TO FL. 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 SPIEGEL, SAM
STREET ADDRESS 10 FAIRWAY DR., #114
CITY-ST-ZIP DEERFIELD BEACH FL

STREET ADDRESS 455 Fairway Drive # 101
CITY-ST-ZIP Deerfield Beach, FL 33441

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)