

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

001283
AT

DOCUMENT # **A19826**

1. Entity Name

1776 ASSOCIATES, LTD.

02 FEB 18 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1776 N. PINE ISLAND RD. SUITE 318 PLANTATION FL 33322	Mailing Address 1776 N. PINE ISLAND RD. SUITE 318 PLANTATION FL 33322
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DUE BY MAY 1, 2002

City & State	City & State	4. FEI Number 59-2523710	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MORRIS, ALLEN I
1776 NORTH PINE ISLAND ROAD, SUITE 318
PLANTATION FL 33322

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

9. Capital Contributions as Shown on record. \$2,400,000.00	10. Amount of Capital Contributions in FLORIDA to date. 888,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	MORRIS, ALLEN I
NAME	2751 OAKMONT
STREET ADDRESS	FT. LAUDERDALE FL
CITY-ST-ZIP	
DOCUMENT #	HILLMAN, DAVID H
NAME	1110 FIDLER LN. #310
STREET ADDRESS	SILVER SPRING MD
CITY-ST-ZIP	
DOCUMENT #	MORRIS, NATHAN
NAME	ROUTE #2-BOX 875
STREET ADDRESS	STEVENSVILLE MD
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	
CITY-ST-ZIP	000005027000--8
	-02/28/02--01059--001
	****526.25 ****526.25
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

1/16/02 **954-474-1776**
Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE