


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011351 AT

DOCUMENT # A19826

1. Entity Name
1776 ASSOCIATES, LTD.



FILED
03 JAN 21 AM 8:13
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 |
|--|--|



| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

DUE BY MAY 1, 2003

| | |
|---------------------------------|----------------|
| 4. FEI Number 59-2523710 | Applied For |
| | Not Applicable |

| | | | |
|--------------|--------------|-----|---------|
| City & State | City & State | Zip | Country |
|--------------|--------------|-----|---------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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. **0.00**

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 | |
|---------------------------------|----------------------|
| 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 | 100010384951 01/21/03--01040--005 **141.25 |
| STREET ADDRESS | |
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| 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** **1/6/2003** **954-474-1776**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)