

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A20557

1. Entity Name
LINPRO SABRE ASSOCIATES I LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business
300 BERWYN PARK
BERWYN PA 19312

Mailing Address
1701 WEST HILLSBORO BLVD. STE. 201
DEERFIELD BEACH FL 33442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 Berwyn Park
Suite, Apt. #, etc.
Suite 110
City & State
Berwyn, PA 19312

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
23-2357969

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NOVAKOSKI, DAVID
1701 WEST HILLSBORO BLVD.
SUITE 201
DEERFIELD BEACH FL 33442-1530

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$18.89

10. Amount of Capital Contributions in FLORIDA to date. \$18.89

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 #	EICHLER, ERIC 300 BERWYN PARK STE. 104 BERWYN PA	STREET ADDRESS	100 Berwyn Park, Suite 110
NAME		CITY - ST - ZIP	Berwyn, PA 19312
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	SWAIN, WILLIAM M JR. 300 BERWYN PARK, STE. 104 BERWYN PARK PA	STREET ADDRESS	100 Berwyn Park, Suite 110
NAME		CITY - ST - ZIP	Berwyn, PA 19312
STREET ADDRESS			
CITY - ST - ZIP			
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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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Eric Eichler Date 4/11/00 (610) 251-9100 Daytime Phone #

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CR2E003 (9/99)