

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000164 AT

DOCUMENT # **A24559**

1. Entity Name
CONNOR REALTY ASSOCIATES, LTD.



FILED

2003 AUG -8 PM 4:13

DEPARTMENT OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**2638 GATELY DR. E #115
WEST PALM BEACH FL 33415**

Mailing Address
**2638 GATELY DR. E #115
WEST PALM BEACH FL 33415**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 24, 2003

4. FEI Number **59-2779141**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CONNOR, ANNA
3844 10TH AVE. NORTH
LAKE WORTH FL 33461**

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. **\$254,744.00**

10. Amount of Capital Contributions in FLORIDA to date.

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
STREET ADDRESS
CITY-ST-ZIP
**CONNOR, THOMAS H.
2638 GATELY DR. E #115
WEST PALM BEACH FL 33415**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**CONNOR, ANNE
2638 GATELY DR. E #115
WEST PALM BEACH FL 33415**

STREET ADDRESS
CITY-ST-ZIP

100021522611
07/14/03--01080--006 **52.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

100021522611
08/08/03--01084--001 **873.75

DOCUMENT #
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Handwritten signature: Anna Connor
7-11-03

CR2E003 (4/03)

PLEASE CHECK HERE