

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A25269

1. Entity Name

SAVAGE BOULEVARD ASSOCIATES, LTD.

Principal Place of Business
319 MONROE DRIVE
W. PALM BEACH FL 33405

Mailing Address
319 MONROE DRIVE
W. PALM BEACH FL 33405

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED

02 MAR 25 PM 3: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2002	
City & State		City & State		4. FEI Number	Applied For Not Applicable
Zip	Country	Zip	Country	65-0030992	Not Applicable
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	
VEGOSEN, DEAN 500 SOUTH AUSTRALIAN AVENUE 10TH FLOOR WEST PALM BEACH FL 33402				Name DEAN VEGOSEN Street Address (P.O. Box Number is Not Acceptable) 515 N. FLAGLER DR. 18TH FLOOR City WEST PALM BEACH FL Zip Code 33401	

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 *Tim Satter* Signature, typed or printed name of registered agent and title if applicable.

DATE **3/20/02**

9. Capital Contributions \$500,000.00 10. Amount of Capital Contributions in FLORIDA to date 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 #	J03139	STREET ADDRESS	
NAME	ELWILL SAVAGE, INC.	CITY-ST-ZIP	
STREET ADDRESS	319 MONROE DRIVE		
CITY-ST-ZIP	W. PALM BEACH FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: *Tim Satter Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/20/02 561820002
Daytime Phone #

0011603 AT

CR2E03 (9/1)