

2001 UNIFORM BUSINESS REPORT (UBR)

0003327 AF

DOCUMENT # **A27663**

1. Entity Name

WESTBURY ASSOCIATES LIMITED PARTNERSHIP

FILED

01 APR 27 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business

Mailing Address

C/O CODINA R.E. MGMT.

C/O CODINA R.E. MGMT.

1280 S.W. 36TH AVENUE

1280 S.W. 36TH AVENUE

POMPANO BEACH FL 33069

POMPANO BEACH FL 33069

2. Principal Place of Business

C/O Codina R.E. Mgmt.

3. Mailing Address

C/O Codina R.E. Mgmt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6550 N. Federal Hwy. Ste 330

6550 N. Federal Hwy. Ste. 330

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

4. FEI Number

65-0090570

Applied For

Not Applicable

Zip

Country

33308

Zip

Country

33308

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

DYAL, J. PATRICK

800 EAST BROWARD BLVD., #700

FT. LAUDERDALE FL 33301

Name

David G. Murray

Street Address (P.O. Box Number is Not Acceptable)

321 Southeast 15th Avenue

City

Fort Lauderdale

FL

Zip Code 33301

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

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

(NOT)

Registered Agent signature required when reinstating

DATE

DAVID G. MURRAY

4/24/01

9. Capital Contributions as Shown on record.

\$300,000.00

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 # K18688
NAME MAYFAIR PROPERTIES, INC.
STREET ADDRESS 5940 N.W. 97TH DR.
CITY-ST-ZIP PARKLAND FL

STREET ADDRESS C/O Diana Niels
2418 Fisher Island Drive
CITY-ST-ZIP Fisher Island, FL 33109

DOCUMENT #
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Diana Niels

4/23/01

(205-581) 5674

CR2E003 (11/00)