

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27663**

1. Entity Name

WESTBURY ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business

C/O CODINA R.E. MGMT.  
1280 S.W. 36TH AVENUE  
POMPANO BEACH FL 33069

Mailing Address

C/O CODINA R.E. MGMT.  
1280 S.W. 36TH AVENUE  
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.

6550 N. Federal Hwy. Ste 330

Suite, Apt. #, etc.

6550 N. Federal Hwy. Ste. 330

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

Zip  
33308

Country

Zip  
33308

Country

4. FEI Number

**65-0090570**

**MJH**

Applied For

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

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 if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

**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 this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **K16688**  
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  
CITY-ST-ZIP  
**000004218810-2**  
**-05/16/01-01005-023**  
**\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *DIANA NIELS REED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/01 (205-581-5674)

Date

Daytime Phone #

0003327

AF

CR2E003 (11/00)