2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28278

1. Entity Name

HENRIETTA ASSOCIATES, LTD.

APPROVED AND FILED
02 APR 26 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0013009 AT

Principal Place of Business	Mailing Address
8004 NORTH ARMENIA SUITE A TAMPA FL 33604-2726	8004 NORTH ARMENIA SUITE A TAMPA FL 33604-2726

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 59-2948365 ☐ 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
ROSENTHAL, TODD K MD 8004 NORTH ARMENIA TAMPA FL 33604	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $80.00	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 #			
NAME	ROSENTHAL, TODD KENNETH	STREET ADDRESS	300005449733--1
STREET ADDRESS	8004 NORTH ARMENIA		-05/03/02--01051--005
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	****141.25 ****141.25
DOCUMENT #	L71481	STREET ADDRESS	
NAME	DFR, CORP.		
STREET ADDRESS	8004 NORTH ARMENIA		
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (9/01)

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] 4/3/02 813-933-9131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #