2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001550 AT

DOCUMENT # A30408

1. Entity Name
ESSEX FLORIDA ASSOCIATES, LTD.

FILED
03 APR 29 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

Principal Place of Business
C/O JAMES C. ELWOOD
5872 PENNOCK POINT ROAD
JUPITER FL 33458

Mailing Address
C/O JAMES C. ELWOOD
5872 PENNOCK POINT ROAD
JUPITER FL 33458

4/29

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, 2003

4. FEI Number 65-0208450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELWOOD, JAMES C
5872 PENNOCK POINT RD.
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

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

000017234100
04/29/03--01017--040 **526.25

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

9. Capital Contributions as Shown on record.	$356,990.00	10. Amount of Capital Contributions in FLORIDA to date.	356,990.00	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 #	L86373	STREET ADDRESS	
NAME	WARWICK INTERESTS, INC. C/O JAMES C. ELWOO		
STREET ADDRESS	5872 PENNOCK POINT RD.	CITY-ST-ZIP	
CITY-ST-ZIP	JUPITER FL		
DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (10/02)

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] JAMES C. ELWOOD PRES. OF CORP. G.P. 4/24/03 561-743-9043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #