

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006063 AF

**DOCUMENT # A31167**

1. Entity Name  
**441 SOUTH ASSOCIATES, LTD.**

FILED

00 FEB 22 PM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>12000 BISCAYNE BLVD., PH#810 MIAMI FL 33181-2742</b>	Mailing Address <b>12000 BISCAYNE BLVD., PH#10 MIAMI FL 33181-2742</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0255027</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**IRELAND, R. SCOTT  
12000 BISCAYNE BLVD., PH#810  
MIAMI FL 33181-2742**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # <b>P94000052550</b>	NAME <b>IRELAND ORLANDO, INC.</b>	STREET ADDRESS <b>500003783115--8</b>	<b>-02/27/01--01009--012</b>
STREET ADDRESS <b>12000 BISCAYNE BLVD., PH#810</b>	CITY-ST-ZIP <b>MIAMI FL 33181-2742</b>	CITY-ST-ZIP <b>***141.25 ***141.25</b>	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP	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: *Lois Ireland* **IRELAND VP, IRELAND ORLANDO, INC.** Date: **2-19-01** Daytime Phone #: **305-891-6806**

CR2E003 (11/00)