

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A31830**

1. Entity Name  
**ATLANTIS NEON LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 14 PM 1:33

Principal Place of Business 2401 PGA BLVD. SUITE 280 PALM BCH. GARDENS FL 33410	Mailing Address 2401 PGA BLVD. SUITE 280 PALM BCH. GARDENS FL 33410-3516
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0311639**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**HAMILTON, THOMAS**  
2401 PGA BLVD.  
SUITE 280  
PALM BCH. GARDENS FL 33410

Name ~~XXXXXXXXXXXX~~ **David J. Wiener, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2401 PGA Boulevard**  
**Suite 280**  
City **Palm Beach Gardens FL 33410**

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. **\$3,365,200.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$3,365,200.00**

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 # **P34894**  
NAME **HALMISH MANAGEMENT CORP.**  
STREET ADDRESS **2401 PGA BLVD. STE. 280**  
CITY - ST - ZIP **PALM BCH GARDENS FL 33410**

STREET ADDRESS  
CITY - ST - ZIP  
STREET ADDRESS **8000033001 7R--7**  
CITY - ST - ZIP **-06/21/00--0117--003**  
**\*\*\*\*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

DOCUMENT #  
NAME  
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: Thomas Hamilton **Thomas Hamilton, President** April 25, 2000 (561) 694-9270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **HALMISH MANAGEMENT CORP.** Date Daytime Phone #