773-525-2046

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32521 1. Entity Name HIALEAH REALTY ASSOCIATES, LTD.					FILED	
					02 FEB 25 AM 9: 21	
Principal Place of Business 233 ATLANTIC AVENUE PALM BEACH FL 33480		Mailing Address 2161 PALM BEACH LAKES BLVDSUITE 304 WEST PALM BEACH FL 33409		.SUITE 304	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal P	Place of Business	3. Mailing Address	Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & State		City & State			4. FEI Number 65-0922234 Applied For	
Zip	Country Zip		Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	i		7. Name and Address of New Registered Agent	
TANKENDALIKA MONASTI O				Name		
TANNENBAUM, MICHAEL D 2161 PALM BEACH LAKES BLVD., SUITE 304 WEST PALM BEACH FL 33409				Street Address (P.O. Box Number is Not Acceptable)		
				City	City FL Zip Code	
8. The above	named entity submits this statement f	or the purpose of changin	na its reaister	ed office or regis	stered agent, or both, in the State of Florida.	
SIGNATURE .			3			
9. Capital Co	Signature, typed or printed name of registered agen	- , ' 			DATE	
as Shown		10. Amount of C in FLORIDA		butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER	THAT IS A BUSINESS	S ENTITY M	UST BE REG	ISTERED AND ACTIVE WITH THIS OFFICE. sent must be filed to change a general partner.	
12.	GENERAL PARTNE	· · · · · · · · · · · · · · · · · ·	13.	i, an amenum	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	YALICH, GEORGE 233 ATLANTIC AVENUE PALM BEACH FL 33480		STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZiP		
DOCUMENT # NAME			STAE	EET ADDRESS	-03/04/0201006016	
STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	"CITY	-ST-ZIP	***************************************	
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STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT / NAME -			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST FIP			CITY-	-ST-ZIP		
14. I hereby of indicated the receiv	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute th	n this filing does not qualif that my signature shall ha is report as required by C	fy for the exer ave the same hapter 620. F	mption stated in legal effect as i lorida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information f made under oath; that I am a General Partner of the limited partnership or	