

# 2002 UNIFORM BUSINESS REPORT (UBR)

0003378 AV

**DOCUMENT # A93000000159**  
 1. Entity Name  
**2301 SE 17TH ST., LTD.**

**FILED**  
**02 MAY -1 AM 10: 53**  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



Principal Place of Business: **2301 SE 17TH STREET FT. LAUDERDALE FL 33316**  
 Mailing Address: **P.O. BOX 5025 CORPORATE OFFICE BOCA RATON FL 33431**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

**DUE BY MAY 1, 2002**  
 4. FEI Number **65-0407836**  
 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**  
**AMERICAN INFORMATION SERVICES, INC.**  
**ONE S.E. THIRD AVENUE, 27TH FLOOR**  
**MIAMI FL 33131**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$980,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$980,000.00**

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	
DOCUMENT #	<b>L99000003836</b>
NAME	<b>2301 MGT, LTD.</b>
STREET ADDRESS	<b>501 E. CAMINO REAL</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>700005556557--9</b>
CITY-ST-ZIP	<b>05/17/02 01026 020</b>
	<b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Steven M. Dauria* VP/T-Rahn Pier, Inc. **4/25/02** 561-447-5300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)