

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000256**

1. Entity Name

BURNS ROAD ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 29

Principal Place of Business

**4139 BURNS ROAD
PALM BEACH GARDENS FL 33410**

Mailing Address

**3300 PGA BOULEVARD, SUITE 620
PALM BEACH GARDENS FL 33410-2811**



2. Principal Place of Business

3300 PGA BLVD.

3. Mailing Address

3300 PGA BLVD.

Suite, Apt. #, etc.

SUITE 620

Suite, Apt. #, etc.

SUITE 620

DUE BY MAY 1, 2002

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

4. FEI Number

65-0323432

Applied For

Not Applicable

Zip
33410

Country
US

Zip
33410

Country
US

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

**WHITE, JOHN II
1645 PALM BEACH LAKES BOULEVARD
SUITE 1200
WEST PALM BEACH FL 33401**

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

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

DATE

9. Capital Contributions
as Shown on record.

\$875,860.00

10. Amount of Capital Contributions
in FLORIDA to date.

- 0 -

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BR STORAGE, LLC
3300 PGA BOULEVARD, SUITE 620
PALM BEACH GARDENS FL 33410-2811**

STREET ADDRESS
AL

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

Robert A. McIntosh
ROBERT A. MCINTOSH

2/7/02
Date

561-775-7393
Daytime Phone #

0003285
AV

CR2E003 (9/01)