

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001088

1. Entity Name

OLD GLORY ASSOCIATES, LTD.

FILED

02 FEB 19 AM 9:35

894246 AV

Principal Place of Business

Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

450 E LAS OLAS #900
FT. LAUDERDALE FL 33301

450 E LAS OLAS #900
FT. LAUDERDALE FL 33301



2. Principal Place of Business

3. Mailing Address

DUE BY MAY 1, 2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0442732

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

HORVITZ, DAVID W
450 E. LAS OLAS #900
FT LAUDERDALE FL 33301

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.

\$14,857,596.75

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 #	P93000072739	STREET ADDRESS	700005022177--2		
NAME	NEEDLES, INC.	CITY-ST-ZIP	-02/26/02-01086-002		
STREET ADDRESS	450 E. LAS OLAS #900	****141.25 ****141.25			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301				
DOCUMENT #		STREET ADDRESS			
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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: *John W. Horvitz* RECORDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

President of General Partner

Date

Daytime Phone #

CR2E003 (9/01)