

2001 UNIFORM BUSINESS REPORT (UBR)

007665 AF

DOCUMENT # **A93000001330**

1. Entity Name

PHOENIXWEST ASSOCIATES, LTD.

FILED

01 MAR 26 PM 1:27

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2295 CORPORATE BLVD., N.W., SUITE 222
BOCA RATON FL 33431**

Mailing Address
**P.O. BOX 5010
BOCA RATON FL 33431-0810**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
2295 Corporate Blvd, NW
Suite, Apt. #, etc.
SUITE 222
City & State
Boca Raton FL
Zip
33431
Country
USA

4. FEI Number **59-2652789**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HERRICK, NORTON
2295 CORPORATE BLVD., N.W.
SUITE 222
BOCA RATON FL 33431**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P93000084142	STREET ADDRESS	300003953083--4	
NAME	G-P PHOENIXWEST, INC.	CITY-ST-ZIP	-04/03/01--01058--001	
STREET ADDRESS	2295 CORPORATE BLVD., SUITE 222		***6750.00 ****150.00	
CITY-ST-ZIP	BOCA RATON FL 33431			
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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:

SIGNATURE REQUIRED VP of GP

3.22.01 561-241-9880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)