

2001 UNIFORM BUSINESS REPORT (UBR)

0007630 AF

DOCUMENT # A93000001438

1. Entity Name

500 S. FEDERAL HIGHWAY ASSOCIATES, LTD.

FILED

Principal Place of Business

% HODGSON RUSS ANDREWS WOODS GOODYEAR
2000 GLADES RD., SUITE 400
BOCA RATON FL 33431

Mailing Address

% HODGSON RUSS ANDREWS WOODS GOODYEAR
2000 GLADES RD., SUITE 400
BOCA RATON FL 33431

01 MAY 17 AM 11:26

SECRETARY OF STATE
TALLAHASSEE



2. Principal Place of Business

500 S. FEDERAL HIGHWAY

Suite, Apt. #, etc.

3. Mailing Address

500 S. FEDERAL HIGHWAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

4. FEI Number

65-0456047

Applied For

Not Applicable

Zip
33441

Country
USA

Zip
33441

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HRAWG CORP.

2000 GLADES RD., SUITE 400
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

HRAWG CORP.

Street Address (P.O. Box Number is Not Acceptable)

1801 N. MILITARY TRAIL, SUITE 200

City

BOCA RATON

FL

Zip Code
33431

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$909,900.00

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

DOCUMENT # P93000087434
NAME BPCP CORP.
STREET ADDRESS 801 NW 15TH STREET
CITY-ST-ZIP BOCA RATON FL 33486

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

400004421014--0

06/14/01-01120-020

***526.25 ***526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0302019544279302

CR2E003 (11/00)