

2002 UNIFORM BUSINESS REPORT (UBR)

0008710 AT

DOCUMENT # **A93000001457**

1. Entity Name

236 PROPERTIES, LTD., LLP

FILED

02 FEB -6 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**101 S. COURTENAY PARKWAY, SUITE 201
MERRITT ISLAND FL 32952-4855**

Mailing Address
**101 S. COURTENAY PARKWAY, SUITE 201
MERRITT ISLAND FL 32952-4855**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3217036**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIELVOGEL, LEONARD
101 S. COURTENAY PARKWAY, SUITE 201
MERRITT ISLAND FL 32952-4855**

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. **\$2,940,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$1,833,175.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	SPIELVOGEL, LEONARD TRUSTEE 101 S. COURTENAY PARKWAY SUITE 201 MERRITT ISLAND FL 32952-4855	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	SPIELVOGEL, JEAN C TRUSTEE 101 S. COURTENAY PARKWAY SUITE 201 MERRITT ISLAND FL 32952-4855	STREET ADDRESS	000004915690--4
NAME		CITY-ST-ZIP	-02/13/02--01075--001
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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**

2/1/02 321-453-2333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)