


2002 UNIFORM BUSINESS REPORT (UBR)

0001802 AV

DOCUMENT # A94000000103

1. Entity Name
HUNTERWOOD ASSOCIATES LIMITED PARTNERSHIP

FILED
 2002 FEB 25 AM 9:36
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



Principal Place of Business **Mailing Address**
 777 ARTHUR GODFREY RD., #400 777 41ST STREET, 4TH FL
 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **Applied For**
 65-0467641 Not Applicable

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

6. Name and Address of Current Registered Agent

GROSS, PHIL
 777 ARTHUR GODFREY RD., #400
 MIAMI BEACH FL 33140

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

9. Capital Contributions as Shown on record. **\$126,022.92** **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 #	L31909
NAME	VAIL VALLEY SALVAGE CORP.
STREET ADDRESS	777 41ST STREET, 4TH FLOOR
CITY-ST-ZIP	MIAMI BEACH FL 33140
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	700005044297--2
CITY-ST-ZIP	-03/05/02--01062--021
	****526.25 ****526.25
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:  **SIGNATURE REQUIRED** Robert B. Balogh, President of GP 2/19/02 (305)532-4355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)