

2001 UNIFORM BUSINESS REPORT (UBR)

0008549 AF

DOCUMENT # A94000000401

1. Entity Name

VIA 313-1/2 WORTH AVENUE, LTD.

FILED

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APR -9 AM 11:10

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Principal Place of Business
333 1/2 WORTH AVE.. BLDG. B
PALM BEACH FL 33480

Mailing Address
313 1/2 WORTH AVENUE. STE. B-1
PALM BEACH FL 33480

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0477632

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

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD., SUITE 300
MIAMI FL 33131

Name: Torres, Michael
Street Address (P.O., Box Number is Not Acceptable):
C/O TRICONY Mgt., LLC
313 1/2 Worth Ave. Ste. B-1
City: Palm Beach FL Zip Code: 33480

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

Andrew Torres

3-27-01

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$3,118,500.00

10. Amount of Capital Contributions in FLORIDA to date.

3,118,500.00

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 #	P98000020376
NAME	TRICONY VIA CORP.
STREET ADDRESS	313 1/2 WORTH AVE., STE. B-1
CITY-ST-ZIP	PALM BEACH FL 33480
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
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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:

Andrew Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-27-01

Date

(561) 832-4088

Daytime Phone #

CR2E003 (11/00)