

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

0004195 AV

DOCUMENT # A94000000401

1. Entity Name
VIA 313-1/2 WORTH AVENUE, LTD.



FILED

03 MAR 26 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MICHAEL TORRES
C/O TRICONY MGT., LLC
333 1/2 WORTH AVE., BLDG. B
PALM BEACH FL 33480**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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 FL. 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**

STREET ADDRESS

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M THOMAS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/20/03 (561) 832-7088

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE