2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: A94000000847

1. Entity Name

BULLSEYE ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
56 WINDSOR DR. ENGLEWOOD FL 34223	56 WINDSOR DR. ENGLEWOOD FL 34223

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**DUE BY SEPTEMBER 26, 2001**

City & State	City & State	**4.** FEI Number 65-0532957	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

EASTON, IVAN G

56 WINDSOR DR.

ENGLEWOOD FL 34223

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. Capital Contributions as Shown on record.	$240,000.00	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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	EASTON, IVAN G 56 WINDSOR DR. ENGLEWOOD FL 34223	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	EASTON, JENNIE N 56 WINDSOR DR. ENGLEWOOD FL 34223	STREET ADDRESS CITY-ST-ZIP	200004560102--6 -08/28/01--01067--007 ****535.00 ****535.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	*Thora T. Easton* *45 Begg Dr.* *Chappaqua NY 10514*	STREET ADDRESS CITY-ST-ZIP	*FF $526.25* *aus 8.75*
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER