

2001 UNIFORM BUSINESS REPORT (UBR)

0008614 AF

DOCUMENT # **A94000001614**

1. Entity Name

TRICONY CYPRESS ASSOCIATES, LTD.

Principal Place of Business

**313 1/2 WORTH AVE.
BUILDING B
PALM BEACH FL 33480**

Mailing Address

**313 1/2 WORTH AVE.
BUILDING B
PALM BEACH FL 33480**

FILED

01 APR -4 AM 10:15

**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

65-0557501

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

**B&C CORPORATE SERVICES, INC.
MIAMI CENTER, SUITE 3000
201 S. BISCAYNE BLVD.
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

Michael Torres

3-27-01

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.

\$5,770,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

5,770,000.00

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

DOCUMENT # **P94000023505**
NAME **TRICONY FLORIDA CORP.**
STREET ADDRESS **313 1/2 WORTH AVE., BLDG B**
CITY-ST-ZIP **PALM BEACH FL 33480**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

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

3-27-01

Date

(561) 832-7088

Daytime Phone #

CR2E003 (11/00)