

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000640

1. Entity Name

ALROC REAL ESTATE ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 28 AM 3:05

Principal Place of Business

% OFFICE
4400 S.W. 20TH AVENUE
GAINESVILLE FL 32607

Mailing Address

% OFFICE
4400 S.W. 20TH AVENUE
GAINESVILLE FL 32607-3966



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 59-1887851

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

ESPOSITO, ROCCO JR
% OFFICE
4400 S.W. 20TH AVENUE
GAINESVILLE FL 32607

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.

\$5,505,992.00

10. Amount of Capital Contributions in FLORIDA to date.

\$5,505,992.00

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 # P95000020265
NAME SIROCCO, INC.
STREET ADDRESS 4400 S.W. 20TH AVENUE
CITY - ST - ZIP GAINESVILLE FL 32607

STREET ADDRESS

CITY - ST - ZIP

500003269565--7
-05/30/00--01004--021
****526.25 ****526.25

DOCUMENT # P95000042818
NAME ALAMARKET OF GAINESVILLE, INC.
STREET ADDRESS 4400 SW 20TH AVE.
CITY - ST - ZIP GAINESVILLE FL 32607

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ROCCO ESPOSITO

27 APR 2000

Date

Daytime Phone #

352 373 4244

CR 1003 (MAY)