


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000000616 #6862-1

1. Entity Name
THEATRE ASSOCIATES, LTD.



FILED

03 APR 16 AM 7:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA FL 34236

Mailing Address
1991 MAIN STREET, #183
SARASOTA FL 34236



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0661821 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

BAND, STEVEN C
EXECUTIVE PROPERTY MANAGEMENT
1991 MAIN STREET #183
SARASOTA FL 34236

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

9. Capital Contributions as Shown on record. **\$8,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P96000008824
NAME	BAK, INC.
STREET ADDRESS	1991 MAIN STREET #183
CITY-ST-ZIP	SARASOTA FL 34236
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 *David S. Band* **REQUIRES** David S. Band, Director of BAK, Inc., a Florida Corporation 03/17/03 (941) 366-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER General Partner Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE