

2002 UNIFORM BUSINESS REPORT (UBR)

0012021 AT

DOCUMENT # **A96000002369**

1. Entity Name

ANITAGAYLE LIMITED PARTNERSHIP

FILED

02 FEB 18 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 7063 VALENCIA DRIVE BOCA RATON FL 33433	Mailing Address 7063 VALENCIA DRIVE BOCA RATON FL 33433
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUJ	DUE BY MAY 1, 2002
4. FEI Number 22-3481069	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,584,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	F96000006829 DEER HILL CORP. 302 KNICKERBOCKER ROAD, P.O. BOX 0 CRESSKILL NJ 07626	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		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: Albert Awad **2/14/02** **201 767-0399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE