

2002 UNIFORM BUSINESS REPORT (UBR)

0012663 AT

DOCUMENT # **A97000000378**

1. Entity Name

LINTON PARTNERS, LTD.

Principal Place of Business

**400 E. LINTON BLVD., STE. G-3
DELRAY BEACH FL 33483**

Mailing Address

**400 E. LINTON BLVD., STE. G-3
DELRAY BEACH FL 33483**

FILED

02 APR -1 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0727276

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

POSTERNACK, CHARLES

**400 E. LINTON BLVD., STE. G-3
DELRAY BEACH FL 33483**

Name

Charles E. Muller II, Esq.

Street Address (P.O. Box Number is Not Acceptable)

9350 South Dixie Highway

Suite 1550

City

Miami

FL

Zip Code

33156

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

Charles Muller

Charles E. Muller II, Esq.

3/29/02

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

DATE

9. Capital Contributions
as Shown on record.

\$7,500,000.00

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 # **P97000013405**
NAME **LINTON, INC.**
STREET ADDRESS **400 E. LINTON BLVD., STE. G-3**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

STREET ADDRESS

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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:

Charles Muller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/25/2002

305-670-6770

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE