2001 UNIFORM BUSINESS REPORT (UBR)

0005125 AF

DOCUMENT # A97000000722

1. Entity Name

WALDYKES ASSOCIATES LIMITED PARTNERSHIP

FILED

01 FEB 27 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1048 KANE CONCOURSE. SUITE 2-B BAY HARBOUR FL 33154	1048 KANE CONCOURSE. SUITE 2-B BAY HARBOUR FL 33154

2. Principal Place of Business		3. Mailing Address	
5555 ANGLERS AVE		5555 ANGLER'S AVE	
Suite, Apt. #, etc. SUITE 21		Suite, Apt. #, etc. SUITE 21	
City & State FT. LAUDERDALE, FL		City & State FT LAUDERDALE, FL	
Zip 33312	Country US	Zip 33312	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0732980 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALDYKES, INC.
1048 KANE CONCOURSE, SUITE 2-B
BAY HARBOUR FL 33154

7. Name and Address of New Registered Agent

Name WALDYKES INC

Street Address (P.O. Box Number is Not Acceptable) 5555 ANGLERS AVE

SUITE 21

City FT. LAUDERDALE FL Zip Code 33312

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]
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. $119,000.00	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 #	P97000017683	STREET ADDRESS	
NAME	WALDYKES, INC.		
STREET ADDRESS	5555 ANGLERS AVE., STE. 21	CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		
DOCUMENT #		STREET ADDRESS	900003795359--4
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CR2E003 (11/00)

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] IVY Z GREANER 1/28/01 954-981-4116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #