

2001 UNIFORM BUSINESS REPORT (UBR)

0009452 AF

DOCUMENT # A97000001547

1. Entity Name

TRICONY ORLANDO LTD.

FILED

01 APR -9 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

% MR. EDWARD TORRES
313 1/2 WORTH AVE., SUITE B-1
PALM BEACH FL 33480

Mailing Address

% MR. EDWARD TORRES
313 1/2 WORTH AVE., SUITE B-1
PALM BEACH FL 33480

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

65-0770954

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

B & C CORPORATE SERVICES, INC.
MIAMI CENTER, SUITE 3000
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Torres, Michael
Street Address (P.O. Box Number is Not Acceptable)
c/o Tricony Mgt., LLC
313 1/2 Worth Ave. - Ste B-1
City Palm Beach FL Zip Code 33480

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

Michael Torres

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-01

9. Capital Contributions
as Shown on record.

\$7,200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

7,200,000.00

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

DOCUMENT # P97000061024
NAME TRICONY ORLANDO CORP.
STREET ADDRESS 313 1/2 WORTH AVE., SUITE B-1
CITY-ST-ZIP PALM BEACH FL 33480

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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:

Michael Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-24-01 (561) 832-7088

Date

Daytime Phone #

CR2E003 (11/00)