

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001363  
AT

DOCUMENT # **A97000001547**



1. Entity Name  
**TRICONY ORLANDO LTD.**

FILED

2003 AUG -8 PM 4:15

DEPARTMENT OF CORPORATIONS  
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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

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

7. Name and Address of New Registered Agent

TORRES, MICHAEL  
C/O TRICONY MGT., LLC  
313 1/2 WORTH AVE., STE. B-1  
PALM BEACH FL 33480

Name

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

600022142726  
08/08/03 01015-001 \*\*926 25  
FL Zip Code

City

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

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

DATE

9. Capital Contributions **\$7,200,000.00**  
as Shown on record

10. Amount of Capital Contributions **7,200,000.00**  
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 # **P97000061024**  
NAME **TRICONY ORLANDO CORP.**  
STREET ADDRESS **313 1/2 WORTH AVE., SUITE B-1**  
CITY-ST-ZIP **PALM BEACH FL 33480**

STREET ADDRESS

CITY-ST-ZIP

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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:

**EDWARD TORRES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/1/03

(561) 832-7088

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE