

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001561

1. Entity Name

222 ASSOCIATES, LTD.

Principal Place of Business

P.O. BOX 1544

BOCA RATON FL 33429-1544

Mailing Address

P.O. BOX 1544

BOCA RATON FL 33429-1544

FILED

00 JAN 18 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

65-0772570

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

SCHROEDER, MICHAEL A ESQ.  
C/O SCHROEDER AND LARCHE, P.A.  
2255 GLADES ROAD, SUITE 319 ATRIUM  
BOCA RATON FL 33431

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

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.

\$5,331,650.00

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 # P97000060925  
NAME 222 ASSOCIATES, INC.  
STREET ADDRESS 2255 GLADES RD, STE. 319 ATRIUM  
CITY - ST - ZIP BOCA RATON FL 33431

STREET ADDRESS 111 E. Boca Raton Rd.  
CITY - ST - ZIP Boca Raton, FL 33432

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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED: Talbot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date:

Daytime Phone #

1-12-00 392-85