

2001 UNIFORM BUSINESS REPORT (UBR)

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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
01 JAN 16 PM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

140 N. Federal Highway

3. Mailing Address

140 N. Federal Highway

Suite, Apt. #, etc.

Suite # 200

Suite, Apt. #, etc.

Suite # 200

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

4. FEI Number

65-0772570

Applied For

Not Applicable

Zip

33432

Country

USA

Zip

33432

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

DOCUMENT # **P97000060925**
NAME **222 ASSOCIATES, INC.**
STREET ADDRESS **111 E. BOCA RATON ROAD**
CITY-ST-ZIP **BOCA RATON FL 33432**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **140 N. Federal Hwy, Ste 200**
CITY-ST-ZIP **Boca Raton, FL 33432**

DOCUMENT #
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STREET ADDRESS

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-11-01 392-8525

CR2E003 (11/00)