

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003758
AV

DOCUMENT # A97000001561



1. Entity Name
222 ASSOCIATES, LTD.

FILED

03 JAN 28 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
140 N. FEDERAL HIGHWAY, SUITE #200
BOCA RATON FL 33432

Mailing Address
140 N. FEDERAL HIGHWAY, SUITE #200
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0772570

Applied For

Not Applicable

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)

500011136255

01/28/03--01067--005 **535.00
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
as Shown on record. \$5,331,650.00

10. Amount of Capital Contributions
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 # P97000060925
NAME 222 ASSOCIATES, INC.
STREET ADDRESS 140 N. FEDERAL HIGHWAY, SUITE #200
CITY-ST-ZIP BOCA RATON FL 33432

STREET ADDRESS

CITY-ST-ZIP

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, TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

561
392-8528