2001 UNIFORM BUSINESS REPORT (UBR)

DOCUI	MENT # A970 0	0001684				
BRISTOL PARK OF CORAL SPRINGS, LIMITED					FILED	
					OI APR 27 PH 3: 53	
Principal Place of Business Mailing Address 2247 PALM BEACH LAKES BLVD SUITE 204 2247 PALM BEACH LAKES			S RIVD	SHITE 204		
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33				SUITE 204	SECRETARY OF STATE TALLAMASSIE, CORROA	
					L HARTON SOUR TOTAL BOUL BOUL BOWN ABOUT ABOUT ABOUT AND THE SOURCE FROM BOUL BOUL BOU	
Principal Place of Business Amailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State City & State					4. FEI Number Applied For Not Applied For Not Applied For	
Zip Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional	
	6. Name and Address of Current	Registered Agent	L		7. Name and Address of New Registered Agent	
				Name		
MACKEY, WATER J JR. 2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH FL 33409				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 it: reg						
	, , , , , , , , , , , , , , , , , , , ,	and parpoon or orangong un				
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	: Registere	d Agent signature red	quired when reinstating) DATE	
9. Capital Con as Shown or		10. Amount of Capi in FLORIDA to ca			11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
				UST BE REC	GISTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner.	
12.	GENERAL PARTNEP		13.	,	ADDRESS CHANGES ONLY	
				EET ADDRESS		
STREET ADDRESS	DRESS 2247 PALM BEACH LAKES BLVD., SUITE 204		CITY	-ST-ZIP	// 0.4 - 2 - 1 - 1	
-	WEST PALM BEACH FL 33409		-		420.00-4	
NAME [P97000059250 Bristol Park Ventures, inc.		STRE	ET ADORESS	88.75.4p	
	2975 NW 99TH AVENUE CORAL SPRINGS FL 33065		CITY	-ST-ZIP	•	
DOCUMENT # NAME			STRE	ET ADDRESS	,	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT #		-	STRE	ET ADDRESS (
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	8000042134983 -05/14/01-01008-010	
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STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	:	
OCUMENT /			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	•	
indicated №I	n this report is true and accurate and it or trustee empowered to execute this	hat my signature shall have report as required by Chap	he same er 620, F LTY, L. MA	legal effect as Florida Statutes INC., GI	n Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or ENERAL PARTNER R., PRESIDENT 4/24/01 561/684-8811 Daylime Phone #	