

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001765

1. Entity Name
611, LTD.



Principal Place of Business
1501 CORPORATE DR. #250
BOYNTON BEACH FL 33426

Mailing Address
7800 NE 8TH AVE.
ATLANTIC HEALTH
BOCA RATON FL 33487

FILED
03 FEB 14 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

7200 NE 8TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

Boca Raton

4. FEI Number 65-0724589

Applied For

Not Applicable

Zip

Country

Zip

FL 33487

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

BROAD AND CASSEL, P.A.
7777 GLADES ROAD
SUITE 300
BOCA RATON FL 33434

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. 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.

\$550,000.00

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 # P97000070154
NAME ATLANTIC HEALTH DEVELOPMENT CORPORATION
STREET ADDRESS 530 IBIS DRIVE
CITY-ST-ZIP DELRAY BEACH FL

STREET ADDRESS

7200 NE 8TH AVE

CITY-ST-ZIP

Boca Raton FL 33487

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:

ATLANTIC HEALTH DEV. Corp.
SIGNATURE REQUIRED
561.941.4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)