

2002 UNIFORM BUSINESS REPORT (UBR)

0004089 AV

DOCUMENT # A97000002075

1. Entity Name

GARREN ASSOCIATES, LTD.

FILED

LE

02 APR 25 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

4500 BOCAIRE BLVD.
BOCA RATON FL 33487

Mailing Address

4500 BOCAIRE BLVD.
BOCA RATON FL 33487

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, 2002

4. FEI Number

65-0410594

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

GARREN, DANIEL G
4500 BOCAIRE BLVD.
BOCA RATON FL 33487

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.

DATE

9. Capital Contributions
as Shown on record.

\$2,500,000.00

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 #
NAME DANIEL G. GARREN, TRUSTEE
STREET ADDRESS 4500 BOCAIRE BLVD.
CITY-ST-ZIP BOCA RATON FL 33487

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME LLOYD R. GARREN, TRUSTEE
STREET ADDRESS 5439 QUAIL WAY, QUAIL MEADOWS
CITY-ST-ZIP CARMEL VALLEY CA 93923

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME BEULAH GARREN, TRUSTEE
STREET ADDRESS 4500 BOCAIRE BLVD.
CITY-ST-ZIP BOCA RATON FL 33487

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME RONALD B. GARREN, TRUSTEE
STREET ADDRESS P.O. BOX 3044 N/A
CITY-ST-ZIP CARMEL CA 93921

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X

DANIEL GARREN

DANIEL GARREN 4-25-02 561-994-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)