


# 2001 UNIFORM BUSINESS REPORT (UBR)

0007986 AF

**DOCUMENT # A97000002638**  
 1. Entity Name  
**ALBERTA ASSOCIATES, LTD.**

**FILED**  
 01 APR -9 PM 12:32  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



Principal Place of Business      Mailing Address  
 1730 N. FEDERAL HIGHWAY      1730 N. FEDERAL HIGHWAY  
 BOYNTON BEACH FL 33435      BOYNTON BEACH FL 33435

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **65-0800037**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HRAWG CORP.**  
**2000 GLADES ROAD, SUITE 400**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      **\$1,630,000.00**

10. Amount of Capital Contributions in FLORIDA to date.      **245,321**

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 #	<b>P97000100736</b>
NAME	<b>CALGARY, INC.</b>
STREET ADDRESS	<b>1730 N. FEDERAL HIGHWAY</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500004009505--6</b>
CITY-ST-ZIP	<b>-04/16/01--01015--024</b> <b>***526.25 ***526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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: SIGNATURE      Date: 3.31.01      Daytime Phone #: 5613640600

CF2E003 (11/00)