

# 2000 UNIFORM BUSINESS REPORT (UBR)

0004285 AF

**DOCUMENT # A98000000425**  
 1. Entity Name  
**MERRICK PARK ASSOCIATES, LTD.**

**FILED**  
**00 JAN 13 PM 2:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
**3310 PONCE DE LEON BLVD. SUITE #200**      **3310 PONCE DE LEON BLVD. SUITE #200**  
**CORAL GABLES FL 33134**      **CORAL GABLES FL 33134-7284**

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 **65-0813224**      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**  
**FORBES, JOHN R**  
**3310 PONCE DE LEON BLVD. SUITE #200**  
**CORAL GABLES FL 33134**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$130,000.00**      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                         |  |
|---|--|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>4565 ASSOCIATES, INC.</b><br><b>3624 HARLANO STREET</b><br><b>CORAL GABLES FL 33134</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

| 13. ADDRESS CHANGES ONLY |                              |
|--------------------------|------------------------------|
| STREET ADDRESS           |                              |
| CITY - ST - ZIP          | <b>300003103673--1</b>       |
| STREET ADDRESS           | <b>-01/20/00--01012--020</b> |
| CITY - ST - ZIP          | <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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Date: **1-8-00**      Daytime Phone #: **(305) 446-0425**