

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004259 AF

**DOCUMENT # A98000000425**

1. Entity Name

**MERRICK PARK ASSOCIATES, LTD.**

**FILED**

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

Mailing Address  
**3310 PONCE DE LEON BLVD. SUITE #200  
 CORAL GABLES FL 33134**

01 FEB -7 AM 11:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0813224**

Applied For

Not Applicable

Zip Country

Zip 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

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
 NAME **4565 ASSOCIATES, INC.**  
 STREET ADDRESS **3624 HARLANO STREET**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

STREET ADDRESS  
 CITY-ST-ZIP  
~~308003677073-0~~  
~~-02/13/01--01080--001~~  
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 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

**2-2-01 (305) 446-0849**  
Date Daytime Phone #

CR2E003 (11/00)