2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
02 APR -3 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # A98000000425

1. Entity Name

MERRICK PARK ASSOCIATES, LTD.

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

2. Principal Place of Business	3. Mailing Address
4565 Ponce de Leon Blvd	4565 Ponce de Leon Blvd
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

DUE BY MAY 1, 2002

4. FEI Number 65-0813224 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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) 4565 Ponce de Leon Blvd
Suite 100
City Coral Gables FL Zip Code 33146

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.

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 STREET ADDRESS CITY-ST-ZIP	4565 ASSOCIATES, INC. 3624 HARLANO STREET CORAL GABLES FL 33134	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300005226193--5 -04/10/02--01069--013 ****526.25 ****526.25
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CR2E003 (9/01)

STAPLE CHECK HERE

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 — 3-30-02 — 305-446-0849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #