

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **198/825**
 1. Entity Name **Aspenwood Associates, Ltd.**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 SEP 11 AM 10 202

Principal Place of Business
**930 South Ocean Blvd.
 Palm Beach, FL 33480**

Mailing Address
**930 South Ocean Blvd.
 Palm Beach, FL 33480**

2. Principal Place of Business
930 South Ocean Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
930 South Ocean Blvd.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm Beach, FL

City & State
Palm Beach, FL

4. FEI Number ☒ Applied For
 Not Applicable

Zip **33480** Country **USA** Zip **33480** Country **USA**

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

**Robert L. Crane, Esq.
 Boose, Casey, Ciklin
 Suite 1800
 515 N. Flagler Drive
 West Palm Beach, FL 33401**

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  **8/2/00**
 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. **\$550,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$550,000.00**

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 # **P99000047595**
 NAME **Aspenwood Associates GP 1999, Inc.**
 STREET ADDRESS **930 South Ocean Blvd.**
 CITY-ST-ZIP **Palm Beach, FL 33480**

STREET ADDRESS
 CITY-ST-ZIP
8000003408348--7
--09/28/00--01084--015
*****526.25 ***526.25**

DOCUMENT #
 NAME **ATTENTION GEORGE MANN**
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 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

Aspenwood Associates GP 1999, Inc.

SIGNATURE:  **George S. Mann, President**

(561) 833-4800
Aug 4/00 (416) 922-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)