

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008611 AF

DOCUMENT # **A98000000825**

1. Entity Name

**ASPENWOOD ASSOCIATES, LTD.**

Principal Place of Business

**930 SOUTH OCEAN BLVD.  
PALM BEACH FL 33480**

Mailing Address

**930 SOUTH OCEAN BLVD.  
PALM BEACH FL 33480**

**FILED**

**01 FEB -5 AM 8:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



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

**APPLIED FOR**

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

**CRANE, ROBERT L ESQ.  
C/O BOOSE, CASEY, CIKLIN  
515 N. FLAGLER DRIVE, 18TH FLOOR  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name  
**Valdes-Fauli Corporate Services, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**777 S. Flagler Drive, Suite 500E**  
City  
**West Palm Beach** FL Zip Code  
**33401**

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

*Lewis Crippen*  
Signature typed or printed name of registered agent and title if applicable.

**Lewis Crippen, VP**

**January 11, 2001**

DATE

(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions  
as Shown on record.

**\$850,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$50,000.**

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 # **P99000047595**  
NAME **ASPENWOOD ASSOCIATES GP 1999, INC.**  
STREET ADDRESS **930 SOUTH OCEAN BLVD., ATTN: GEORGE MANN**  
CITY-ST-ZIP **PALM BEACH FL 33480**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **100003677491--E**  
CITY-ST-ZIP **-02/13/01--01095--008**  
**\*\*\*\*150.00 \*\*\*\*150.00**

DOCUMENT # **P9900003677491--E**  
NAME **-02/13/01--01095--007**  
STREET ADDRESS **\*\*\*\*288.75 \*\*\*\*288.75**  
CITY-ST-ZIP

DOCUMENT # **P9900003677491--E**  
NAME **-02/13/01--01095--007**  
STREET ADDRESS **\*\*\*\*288.75 \*\*\*\*288.75**  
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NAME **-02/13/01--01095--007**  
STREET ADDRESS **\*\*\*\*288.75 \*\*\*\*288.75**  
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:

*George Mann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**GEORGE MANN**

**JAN. 16/01 (561) 833-4800**

Date

Daytime Phone #

CR2E003 (11/00)