

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**  
**03 APR 21 PM 2:20**  
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

☒ Not Applicable

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

**VALDES-FAULI CORPORATE SERVICES, INC.  
777 S. FLAGLER DRIVE, SUITE 600E  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

as Shown on record. **\$550,000.00**

10. Amount of Capital Contributions

in FLORIDA to date.

**NONE**

**11. MAKE CHECK PAYABLE TO FL 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., ATTN: GEORGE MANN**  
CITY-ST-ZIP **PALM BEACH, FL 33480**

STREET ADDRESS

CITY-ST-ZIP

**000016397640**  
**04/21/03 01063 021 \*\*\*141.25**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**April 18/03 (S&I) 833-4800**

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE