

2301 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001493**

1. Entity Name

CDR WAREHOUSE ASSOCIATES, LTD.

APPROVED
AND
FILED

01 MAY -2 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1801 S. FEDERAL HIGHWAY
SUITE 202
DELRAY BEACH FL 33483

Mailing Address

1801 S. FEDERAL HIGHWAY
SUITE 202
DELRAY BEACH FL 33483

2. Principal Place of Business

400 E. Linton Blvd

3. Mailing Address

400 E. Linton Blvd

Suite, Apt. #, etc.

G-3

Suite, Apt. #, etc.

G-3

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33483

Country

Zip

33483

Country

4. FEI Number

65-0856632

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WERBER, RICHARD

6111 BROKEN SOUND PARKWAY, N.W.

BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name **Charles Posternack**

Street Address (P.O. Box Number is Not Acceptable)

400 East Linton Boulevard

Suite 43

City **Delray Beach**

FL

Zip Code **33483**

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

Charles Posternack

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,138,500.00

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

DOCUMENT # **P97000013405**
NAME **LINTON, INC.**
STREET ADDRESS **1801 S. FEDERAL HIGHWAY**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **400 E. Linton Blvd #G-3**
CITY-ST-ZIP **Delray Beach, FL 33483**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Charles Posternack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/13/2001

Date

561.278.1164

Daytime Phone #

0008715 AF

CR2E003 (11/00)