

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003405 AF

**DOCUMENT #** A98000001692  
**1. Entity Name**  
 1401 ASSOCIATES, LTD.

FILED  
 01 MAY 22 PM 5:02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
 1401 UNIVERSITY DRIVE, SUITE 200      1401 UNIVERSITY DRIVE, SUITE 200  
 CORAL SPRINGS FL 33071      CORAL SPRINGS FL 33071



**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE **MJH**  
**4. FEI Number** 59-2374481      Applied For  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 1401 CORPORATION  
 1401 UNIVERSITY DRIVE, SUITE 200  
 CORAL SPRINGS FL 33071

**7. Name and Address of New Registered Agent**  
 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** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent's signature required when reinstating) DATE \_\_\_\_\_)

**9. Capital Contributions as Shown on record.** \$3,168,000.00      **10. Amount of Capital Contributions in FLORIDA to date.** \$3,323,846.00      **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	
DOCUMENT #	1401 CORPORATION
NAME	1401 CORPORATION
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200
CITY-ST-ZIP	CORAL SPRINGS FL 33071
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	FF \$526.25
CITY-ST-ZIP	
STREET ADDRESS	600004132516--2
CITY-ST-ZIP	-05/02/01--01083--011
STREET ADDRESS	***526.55 ***526.25
CITY-ST-ZIP	
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:** PAUL CORBAN, VICE PRESIDENT OF GEN. PTR., 1401 CORPORATION      04/13/01      954-753-1730  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)