

2001 UNIFORM BUSINESS REPORT (UBR)

0008443 AF

DOCUMENT # **A98000001858**

1. Entity Name

TRICONY SARASOTA, LTD.

Principal Place of Business

C/O RICK TORRES
313 1/2 WORTH AVENUE, SUITE B-1
PALM BEACH FL 33480

Mailing Address

C/O RICK TORRES
313 1/2 WORTH AVENUE, SUITE B-1
PALM BEACH FL 33480

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

65-0856099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
MIAMI CENTER, SUITE 3000
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Torres, Michael
Street Address (P.O. Box Number is Not Acceptable)
c/o Tricony Mgt., LLC
313 1/2 Worth Ave. - Ste. 111
City Palm Beach, FL 33480

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

Michael Torres

3-27-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$3,636,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

3,636,900.00

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 # **P98000067485**
NAME **TRICONY SARASOTA CORP.**
STREET ADDRESS **313 1/2 WORTH AVENUE, SUITE B-1**
CITY-ST-ZIP **PALM BEACH FL 33480**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-27-01 (561) 832-7088

Date

Daytime Phone #

CR2E003 (11/00)

FILED

01 APR -4 AM 10:15

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE