

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004187 AV

DOCUMENT # A98000001858

1. Entity Name
TRICONY SARASOTA, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 27 PM 4:15

Wly/31

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

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

MICHAEL TORRES
C/O TRICONY MGT., LLC
313 1/2 WORTH AVE., STE. 111
PALM BEACH FL 33480

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. \$3,636,900.00

10. Amount of Capital Contributions in FLORIDA to date. 3,636,900.00

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

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/20/03 (561) 832-7088
Date Daytime Phone #

CR2E003 (10/02)

STARTLE CHECK HERE