

2002 UNIFORM BUSINESS REPORT (UBR)

000279 AV

DOCUMENT # **A98000002613**

1. Entity Name

BURNS ROAD EAST ASSOCIATES, LTD.

FILED

02 MAR 11 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**4139 BURNS ROAD
PALM BEACH GARDENS FL 33410**

Mailing Address

**4139 BURNS ROAD
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

3300 PGA BLVD

3. Mailing Address

3300 PGA BLVD

Suite, Apt. #, etc.

SUITE 620

Suite, Apt. #, etc.

SUITE 620

City & State

PALM BEACH GARDENS FL

City & State

PALM BEACH GARDENS FL

Zip
33410

Country
US

Zip
33410

Country
US

4. FEI Number

65-0737458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

**WHITE, JOHN II
4139 BURNS ROAD
PALM BEACH GARDENS FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)
1645 PALM BEACH LAKES BLVD STE 1200

City

WEST PALM BEACH

FL

Zip Code
33401

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions
as Shown on record.

\$800,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

207,948.77

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BRE STORAGE, LLC
3300 PGA BOULEVARD, SUITE 620
PALM BEACH GARDENS FL 33410-2811**

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

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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:

Robert A. McVinish
ROBERT A. McVINISH

Date

2/7/02

Daytime Phone #

561-775-7393

CR2E003 (9/01)

STAPLE CHECK HERE