

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007250 AF

DOCUMENT # **A98000002757**

1. Entity Name

**DOWNTOWN BUSINESS PARK ASSOCIATES, LTD.**

**FILED**

**01 FEB -5 AM 10:50**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4139 BURNS ROAD PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>4139 BURNS ROAD PALM BEACH GARDENS FL 33410</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0887733</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**DOWNTOWN BUSINESS PARK ASSOCIATES, INC.**  
**4139 BURNS ROAD**  
**PALM BEACH GARDENS FL 33410**  
**Doc # P98000102306**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$800,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **800,000.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P98000102306 DOWNTOWN BUSINESS PARK ASSOCIATES, INC. 4139 BURNS ROAD PALM BEACH GARDENS FL 33410</b>
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**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>300003675313--2</b>
CITY - ST - ZIP	<b>-02/12/01--01154--007</b>
STREET ADDRESS	<b>***526.25 ***526.25</b>
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)