

2002 UNIFORM BUSINESS REPORT (UBR)

000161 AV

DOCUMENT # **A990000000090**

1. Entity Name
CONROY-APOPKA ASSOCIATES, LTD.

FILED
02 APR 18 PM 2:29

Principal Place of Business
**701 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131-2822**

Mailing Address
**701 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131-2822**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0893570	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PITTS, W. DOUGLAS 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822		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.

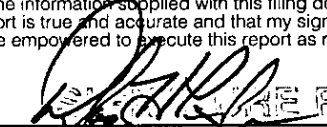
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$6,250.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000034735 NEWCASTER DEVCORP., I NC. 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822	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:  **Treasurer**
Douglas H. Pridges
 Date **4/4/02** Daytime Phone # **305-379-8467**

CP2E003 (9/01)