

2002 UNIFORM BUSINESS REPORT (UBR)

0016528 AT

DOCUMENT # A99000000184

1. Entity Name

2585 ASSOCIATES LIMITED

FILED

02 APR 22 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3766 S.E. OCEAN BOULEVARD
STUART FL 34996

Mailing Address
3766 S.E. OCEAN BOULEVARD
STUART FL 34996

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, 2002

4. FEI Number 52-2155013

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

TAYLOR, WM. FRED
3766 S.E. OCEAN BOULEVARD
STUART FL 34996

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

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

DATE

9. Capital Contributions as Shown on record.

1,452,900

10. Amount of Capital Contributions in FLORIDA to date.

1,452,900

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000004839
NAME JOSH-JEN, INC.
STREET ADDRESS 3766 S.E. OCEAN BOULEVARD
CITY-ST-ZIP STUART FL 34996

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/19/02

561-219-0910

Date

Daytime Phone #

CR2E003 (9/01)