

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001813**

1. Entity Name

HENNING/TRION BRICKELL VILLAGE, LTD.

Principal Place of Business

**5310 N.W. 33RD AVENUE, SUITE 219
FT LAUDERDALE FL 33309**

Mailing Address

**5310 N.W. 33RD AVENUE, SUITE 219
FT LAUDERDALE FL 33309**

FILED

02 APR 18 AM 10:23

SECRETARY OF STATE



2. Principal Place of Business

4901 N. FEDERAL HWY

3. Mailing Address

4901 N. FEDERAL HWY

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33308

Country

Zip

33308

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0971985

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BARBER, KENNETH T

5310 N.W. 33RD AVENUE, SUITE 219

FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4901 N. FEDERAL HWY

SUITE 100

City

FT LAUDERDALE

FL

Zip Code

33308

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.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **S85255**
NAME **TRION VENTURES III, INC.**
STREET ADDRESS **5310 N.W. 33RD AVENUE, SUITE 219**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4901 N FEDERAL HWY, STE 100**
CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

DOCUMENT #
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DOCUMENT #
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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 (9/01)