

2002 UNIFORM BUSINESS REPORT (UBR)

APPROV
AND
FILED

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DOCUMENT # A99000002086

1. Entity Name

COLONNADE PLAZA, LTD.

02 JUN 10 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2100 S.W. 10TH ST.
DEERFIELD BEACH FL 33442

Mailing Address

791 PARK OF COMMERCE DR.
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0980959

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ELK, SCOTT A ESQ.
C/O ELK, BANKLER, PALMER, CHRISTU
4800 N. FEDERAL HWY., STE. 200E
BOCA RATON FL 33431

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 Contribution
as Shown on record.

600,000 \$0.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000107765
NAME COLONNADE PLAZA, INC.
STREET ADDRESS 1096 EAST NEWPORT CENTER DRIVE, STE. 100
CITY-ST-ZIP DEERFIELD BEACH FL 33442

STREET ADDRESS

791 Park of Commerce DR.

CITY-ST-ZIP

Boca Raton, FL 33487

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

FF \$526.25

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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-06/12/02--01017--005

STREET ADDRESS

***\$26.25 ***\$26.25

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 REQUIRED

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE