

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000002122

1. Entity Name

FLA-COLCON LIMITED PARTNERSHIP

FILED

Principal Place of Business

222 LAKEVIEW AVENUE, 17TH FLOOR
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVENUE, 17TH FLOOR
WEST PALM BEACH FL 33401

01 MAR -9 PM 12: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

3. Mailing Address

Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0969622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REGSERV CORP.
222 LAKEVIEW AVENUE, 17TH FLOOR
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

REGSERV CORP.
Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

FL Zip Code

8. The

REGSERV CORP.

SIGNATURE

By: Lawrence B. Juran, President

Registered office or registered agent, or both, in the State of Florida.

Registered Agent signature required when reinstating)

DATE

1/23/01

9. Capital Contributions
as Shown on record.

\$1,000.00

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 # P99000109135
NAME FLA-COLCON, INC.
STREET ADDRESS 222 LAKEVIEW AVENUE, 17TH FLOOR
CITY-ST-ZIP WEST PALM BEACH FL 33401

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS Gardens Corporate Center
CITY-ST-ZIP 3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

Patrick J. DiSalvo

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Vice President

1/30/01 (561) 630-5055

Date

Daytime Phone #

CR2E003 (11/00)