

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002122

1. Entity Name

FLA-COLCON LIMITED PARTNERSHIP

Principal Place of Business

GARDENS CORPORATE CENTER
3801 PGA BOULEVARD, SUITE 555
PALM BEACH GARDENS FL 33410

Mailing Address

GARDENS CORPORATE CENTER
3801 PGA BOULEVARD, SUITE 555
PALM BEACH GARDENS FL 33410

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -5 PM 1:18



801 PGA Boulevard
Suite 600
Palm Beach Gardens, FL 33410

3801 PGA Boulevard
Suite 600
Palm Beach Gardens, FL 33410

DUE BY MAY 1, 2002

FEI Number

65-0969622

Applied For

Not Applicable

3. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REGSERV CORP.
GARDENS CORPORATE CENTER
3801 PGA BOULEVARD, SUITE 555
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

REGSERV CORP.
3801 PGA Boulevard
Suite 600
Palm Beach Gardens, FL 33410

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.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,000

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 3801 PGA BOULEVARD, SUITE 555 600
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Patrick J. DiSalvo

2/20/02

Date

561-630-5055

CR2E003 (9/01)