

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008784 AT

**DOCUMENT # A99000002266**

**1. Entity Name**  
**WORONOFF LIMITED PARTNERSHIP**

**FILED**

**LF**

**02 APR 23 AM 9:04**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**Principal Place of Business**  
**620 COCONUT PALM ROAD**  
**VERO BEACH FL 32963**

**Mailing Address**  
**620 COCONUT PALM ROAD**  
**VERO BEACH FL 32963**

**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** **65-0970279**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**VALDES-FAULI CORPORATE SERVICES, INC.**  
**777 SOUTH FLAGLER DRIVE, SUITE 500 EAST**  
**WEST PALM BEACH FL 33401**

**7. Name and Address of New Registered Agent**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**9. Capital Contributions** **\$2,000,000.00** **10. Amount of Capital Contributions** **in FLORIDA to date.** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
as Shown on record. **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**

<b>DOCUMENT #</b>	<b>P99000111868</b>
<b>NAME</b>	<b>WORONOFF MANAGEMENT, INC.</b>
<b>STREET ADDRESS</b>	<b>620 COCONUT PALM ROAD</b>
<b>CITY-ST-ZIP</b>	<b>VERO BEACH FL 32963</b>
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
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<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. ADDRESS CHANGES ONLY**

<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	
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<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**900005361789--1**  
**04/29/02 01016 007**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

**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:** *Robert M. Woronoff, Manager* **4/17/02** **561-231-4589**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)