

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B01000000364

1. Entity Name

EAST BOCA PARTNERS I, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12/9/12

02 SEP 11 AM 11:26

Principal Place of Business

Mailing Address

1840 NORTH COMMERCE PARKWAY, SUITE 3
WESTON FL 33326

1840 NORTH COMMERCE PARKWAY, SUITE 3
WESTON FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

CHANGE OF ADDRESS

150 E. Palmetto Park Road #401

Boca Raton, FL 33432

DUE BY SEPTEMBER 25, 2002

4. FEI Number

65-1146598

Applied For

Not Applicable

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

SIMIGRAN, KENNETH H

1840 NORTH COMMERCE PARKWAY, SUITE 3
WESTON FL 33326

Name

CHANGE OF ADDRESS

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

150 E. Palmetto Park Road #401

City

Boca Raton, FL 33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$20,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # A01000001095
NAME PALMETTO PARK I, LTD.
STREET ADDRESS 1840 NORTH COMMERCE PARKWAY, SUITE 3
CITY-ST-ZIP WESTON FL 33326

STREET ADDRESS

CITY-ST-ZIP

CHANGE OF ADDRESS
150 E. Palmetto Park Road #401
Boca Raton, FL 33432

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CR2E003 (4/02)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #