

2002 UNIFORM BUSINESS REPORT (UBR)

0002089 AB

DOCUMENT # B01000000405

1. Entity Name

4301 BEE RIDGE ASSOCIATES, LTD.

FILED

02 JAN 28 PM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O ARMSTRONG BACKUS & CO.
515 WEST HARRIS, SUITE 200
SAN ANGELO TX 76903

Mailing Address

C/O ARMSTRONG BACKUS & CO.
515 WEST HARRIS, SUITE 200
SAN ANGELO TX 76903

2. Principal Place of Business

C/O ARMSTRONG, BACKUS & CO., L.L.P.

3. Mailing Address

C/O ARMSTRONG, BACKUS & CO., L.L.P.

Suite, Apt. #, etc.

P.O. BOX 71

Suite, Apt. #, etc.

P.O. BOX 71

DUE BY MAY 1, 2002

City & State

SAN ANGELO, TX

City & State

SAN ANGELO, TX

4. FEI Number

50-0000052

Applied For

Not Applicable

Zip

76902-0071

Country

USA

Zip

76902-0071

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROCTOR, H. PALMER
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

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

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

DATE

9. Capital Contributions
as Shown on record.

\$2,425,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$2,425,000.00

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 # MO1000002646
NAME AMERIMAX, L.L.C.
STREET ADDRESS 515 WEST HARRIS, SUITE 200
CITY-ST-ZIP SAN ANGELO TX 76903

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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

AMERIMAX, L.L.C., GENERAL PARTNER

SIGNATURE:

BY:

Manjit Marwaha REQUIRED

, MANAGER

1/25/02

915/653-6854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)