

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007610 AF

DOCUMENT # B97000000028

1. Entity Name

DTR ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business

150 E. PALMETTO PARK ROAD, SUITE 700  
BOCA RATON FL 33432

Mailing Address

150 E. PALMETTO PARK ROAD, SUITE 700  
BOCA RATON FL 33432

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

04-3135090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GELLER, BETH M ESQ.

150 E. PALMETTO PARK ROAD, SUITE 700  
BOCA RATON FL 33432

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$300.00

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 # F97000005639  
NAME DTR ASSOCIATES, INC.  
STREET ADDRESS 10 CALIFORNIA AVENUE  
CITY-ST-ZIP FRAMINGHAM MA 01701

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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:

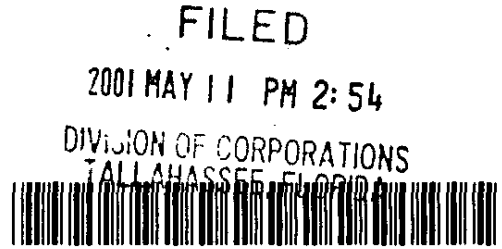
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/6/01

Date

Daytime Phone #

CR2E003 (11/00)



DO NOT WRITE IN THIS SPACE