

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B97000000028

1. Entity Name

DTR Associates Limited Partnership

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

951 Broken Sound Pkwy NW
Suite, Apt. #, etc.
195

3. Mailing Address

951 Broken Sound Pkwy NW
Suite, Apt. #, etc.
195

FILED
02 MAY -6 PM 3: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

043135090

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Stacey Griffiths, Esq.

Street Address (P.O. Box Number is Not Acceptable)
951 Broken Sound Pkwy NW

Suite 195

City Boca Raton

FL

Zip Code 33487

**DO NOT WRITE
IN THIS SPACE**

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

Stacey Griffiths

4-23-02

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

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 # E97000005639
NAME DTR Associates, Inc
STREET ADDRESS 45 Bartlett Street
CITY-ST-ZIP Marlborough, MA 01752

STREET ADDRESS

CITY-ST-ZIP

000005554940--E

-05/16/02--01046--016

***150.00 ***150.00

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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:

Stacey Griffiths
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-23-02

Date:

241-999-9441

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)