

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000253

1. Entity Name

2825 WINKLER LIMITED PARTNERSHIP

Principal Place of Business

751 PARK OF COMMERCE DR., STE. 128  
BOCA RATON FL 33487

Mailing Address

751 PARK OF COMMERCE DR., STE. 128  
BOCA RATON FL 33487

FILED

02 MAY 22 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

52-2036061

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

NANCY B. COLMAN, ESQ.  
DREIER, BARITZ & COLMAN  
150 EAST PALMETTO PARK RD., STE. 401  
BOCA RATON FL 33432

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.

\$99.00

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 # F97000002806  
NAME 2825 CORP.  
STREET ADDRESS 751 PARK OF COMMERCE DR., STE. 128  
CITY-ST-ZIP BOCA RATON FL 33487

STREET ADDRESS  
CITY-ST-ZIP

688805632706--S  
-05/30/02--01007--011  
\*\*\*\*550.00 \*\*\*\*550.00

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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER President 5/20/02 861-982-7770

Date

Daytime Phone #

CR2E003 (9/01)