

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000392

1. Entity Name
525 LINCOLN ROAD ASSOCIATES, L.C.

Principal Place of Business
% FOWLER WHITE ATTN: BARRY N SEMET
100 S.E. 2ND ST. 17TH FL.
MIAMI FL 33131

Mailing Address
% FOWLER WHITE ATTN: BARRY N SEMET
100 S.E. 2ND ST. 17TH FL.
MIAMI FL 33131

FILED

01 FEB -5 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 11-3291813

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGER, PAUL S ESQ.
% FOWLER WHITE
100 S.E. 2ND ST. 17TH FL.
MIAMI FL 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700003672927--8
-02/09/01--01096--006
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM BERGER, PAUL S ESQ
STREET ADDRESS 100 S.E. 2ND ST.
CITY-ST-ZIP MIAMI FL 33131

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
MGRM SCHWARTZ, JODY
STREET ADDRESS 37 HUBBARDT ROAD
CITY-ST-ZIP WAYNE NJ 07470

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Paul S. Berger* (Paul S.) Berger

1/30/01

(305) 789-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0008560 AF

CR2E083 (11/00)