

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90792 024 ***150.00

DOCUMENT # P95000065928

1. Entity Name

AGC CL LIMITED PARTNER, INC.

Principal Place of Business 4800 N. FEDERAL HIGHWAY SUITE 105E BOCA RATON, FL 33431	Mailing Address 200 S. BISCAYNE BLVD SUITE 4900 MIAMI, FL 33131
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2. Principal Place of Business 13790 NW 4TH STREET	3. Mailing Address 13790 NW 4TH STREET
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Suite, Apt. #, etc. SUITE 113	Suite, Apt. #, etc. SUITE 113
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City & State SUNRISE, FL	City & State SUNRISE, FL
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Zip 33325	Country	Zip 33325	Country
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4. FEI Number 65-0602705	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

A0068351

6. Name and Address of Current Registered Agent GRAGG, LAWRENCE K. 200 S. BISCAYNE BLVD. SUITE 4900 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ACKERMAN, RICHARD S 4800 N FEDERAL HWY, SUITE 105E BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AHERN, PATRICK M. C/O AHERN, 2 GREENWICH PLAZA GREENWICH, CT 06830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GITLIN, GENE 4800 N. FEDERAL HWY, SUITE 105E BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GIBLIN JR., E.M. 13790 N.W. 4TH ST, SUITE 113 SUNRISE, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WILCOX II, R. JOHN C/O AHERN, 2 GREENWICH PLAZA GREENWICH, CT 06830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILCOX, ROBERT J. C/O AHERN, 2 GREENWICH PLAZA GREENWICH, CT 06830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MILLER, ANDREA 13790 N.W. 4TH ST, SUITE 113 SUNRISE, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **E.M. GIBLIN, JR.** **04/26/01** **954-838-7100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #