

# 2000 UNIFORM BUSINESS REPORT (UBR)

1384 LFC

**DOCUMENT # A13533**  
 1. Entity Name  
**MARTIN COLONY LIMITED PARTNERSHIP**

**FILED**

**00 JAN 12 PM 1:19**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
 51 COLONY RD.      1101 LANGLEY LANE  
 JUPITER FL 33469      MC LEAN VA 22101-2230  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	54-1215648	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
 ZARETSKY, RICHARD P  
 1655 PALM BEACH LAKES BLVD.  
 SUITE 900  
 W. PALM BEACH FL 33401

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	\$2,000.00	10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	
NAME	MARTIN, VANA E
STREET ADDRESS	1101 LANGLEY LANE
CITY - ST - ZIP	MCLEAN VA
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	900003099339--9
CITY - ST - ZIP	-01/14/00--01082--002
	****141.25 ****141.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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 **JAN 17 2000** **703-821-0707**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/99)