

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A15253**

1. Entity Name
1215 LOUISIANA PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 10:08

Principal Place of Business
1093 FOGGY BROOK PLACE
LONGWOOD FL 32750

Mailing Address
P.O. BOX 2173
WINTER PARK FL 32790-2173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 2173
Suite, Apt. #, etc.

City & State
WINTER PARK, Florida

City & State
WINTER PARK, Florida

Zip
32790

Country
Orange

4. FEI Number **59-2317467** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**COOPER, JAMES E.
1093 FOGGY BROOK PLACE
LONGWOOD FL 32750**

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 _____

9. Capital Contributions as Shown on record. **\$52,900.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	COOPER, JAMES E. 1093 FOGGY BROOK PLACE LONGWOOD FL 32750
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	300003170213-4 -03/15/00-01005-000 ****467.80 ****467.53
STREET ADDRESS CITY - ST - ZIP	mf 3/2/00
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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 REQUIRED** **2/19/00** **407-808-9386**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)