


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018288 AT

DOCUMENT # A20864

1. Entity Name
MASSACHUSETTS AVENUE, LTD.



FILED

03 MAY -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**8801 RIVER CROSSING BLVD.
NEW PORT RICHEY FL 34655**

Mailing Address
**P.O. BOX 2108
ELFERS FL 34680-2108**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

4. FEI Number **59-2589078** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**BRASHER, C. JOHN
8801 RIVER CROSSING BLVD.
NEW PORT RICHEY FL 34655**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$92,745.04**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	H77213
NAME	MASSACHUSETTS AVE INC
STREET ADDRESS	8801 RIVER CROSSING BLVD.
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
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	300018295523
CITY-ST-ZIP	05/06/03--01067--001 **526.25
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: *C. J. Brasher* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date 4/30/03 Daytime Phone # _____

CR2E003 (10/02)

SAMPLE CHECK HERE