

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

2005 APR -6 PM 4:33

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **A26052**

1. Entity Name

Gould Investors L.P. (Limited Partnership)



DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
60 Cuttermill Road

3. Mailing Address
60 Cuttermill Road

Suite, Apt. #, etc.
303

Suite, Apt. #, etc.
303

DUE BY MAY 1

City & State
Great Neck, NY

City & State
Great Neck, NY

4. FEI Number
11-2763164

Applied For
Not Applicable

Zip
11021

Country
USA

Zip
11021

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City **Tallahassee**

FL

Zip Code
32301-2525

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record, **\$590,117.00**

10. Amount of Capital Contributions
in FLORIDA to date, **None**

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 filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M02000000681 Gould General LLC 60 Cuttermill Road Suite 303 Great Neck, NY 11021	STREET ADDRESS CITY-ST-ZIP	200051615992 04/22/05-01010-010 **526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F92000000493 Georgetown Partners, Inc. 60 Cuttermill Road Suite 303 Great Neck, NY 11021	STREET ADDRESS CITY-ST-ZIP	
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CR2E003B (12/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Dawn Roth

Dawn Roth-Senior Accountant 4/1/05

(516) 466-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Gould Investors L.P.

Date

Daytime Phone #

STAPLE CHECK HERE