

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A27812**

1. Entity Name

A J A PROPERTIES NO. 2, LTD.

LA  
4/20

**FILED**

00 APR 12 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O PETER LAWRENCE COMMERCIAL REAL ESTATE 4710 EISENHOWER BLVD.. SUITE C-1 TAMPA FL 33634-6334	Mailing Address C/O PETER LAWRENCE COMMERCIAL REAL ESTATE 4710 EISENHOWER BLVD.. SUITE C-1 TAMPA FL 33634-6334
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0102868</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**PETER LAWRENCE COMMERCIAL REAL ESTATE, INC**  
4710 EISENHOWER BLVD.  
SUITE C-1  
TAMPA FL 33634-6334

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. <b>\$1,875,000.00</b>	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 STREET ADDRESS CITY - ST - ZIP	<b>K84144</b> <b>NALLA 2600 CORPORATION</b> <b>4710 EISENHOWER BLVD., SUITE C-1</b> <b>TAMPA FL 33634-6334</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>000003223230--8</b>
CITY - ST - ZIP	<b>-04/25/00--01075--018</b>
	<b>***526.25 ***526.25</b>
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

Nalla 2600 Corporation, GP  
**SIGNATURE: [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-5-00      813-889-8855  
Date      Daytime Phone #