

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30432**

1. Entity Name

CURTISS AVENUE ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business

1950 OLD GALLOWS RD
#750
VIENNA VA 22182

Mailing Address

1950 OLD GALLOWS RD
#750
VIENNA VA 22182-3969



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0207581

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADLEY, STEVEN
1901 MORRILL ST.
SARASOTA FL 34236**

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. **\$287,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **V03006**
NAME **SARASOTA PROPERTY MANAGEMENT, INC.**
STREET ADDRESS **1950 OLD GALLOWS ROAD, STE 555**
CITY - ST - ZIP **VIENNA VA 22182**

STREET ADDRESS **1950 OLD GALLOWS RD Ste 750**
CITY - ST - ZIP **VIENNA VA 22182**

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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** *ROBERT BRADLEY* **4/27/01** **703-287-3401**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

169/31 000123C