

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR -8 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0018877 AB

DOCUMENT # A30432
1. Entity Name
CURTISS AVENUE ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business: **10440 DOWN PATRICK LANE GREAT FALLS VA 22066**
Mailing Address: **10440 DOWN PATRICK LANE GREAT FALLS VA 22066**



2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

DUE BY MAY 1, 2002

4. FEI Number **65-0207581** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BRADLEY, STEVEN
1901 MORRILL ST.
SARASOTA FL 34236

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

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	V03006 SARASOTA PROPERTY MANAGEMENT, INC. 10440 DOWN PATRICK LANE GREAT FALLS VA 22066
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	8405 GREENBRIAR DR # 850 McLean Virginia 22102
STREET ADDRESS CITY-ST-ZIP	600005258666 0 -04/12/02--01103--007 ***526.25 ***526.25
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/02 **703-226-2762**
Date Daytime Phone #

CPRE003 (9/01)