

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32274**

1. Entity Name

FAYETTE FUNDING, LIMITED PARTNERSHIP

Principal Place of Business

**WFC. SO. TOWER
225 LIBERTY STREET, 14TH FLOOR
NEW YORK NY 10080-6114**

Mailing Address

**WFC. SO. TOWER
225 LIBERTY STREET, 14TH FLOOR
NEW YORK NY 10080-6114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number **13-3640944**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARALEGAL & ATTORNEY SERVICE, INC.
1406 HAYS STREET, SUITE #2
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$1,039,500.00

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 # **P38465**
NAME **FAYETTE CAPITAL, INC.**
STREET ADDRESS **225 LIBERTY ST., WFC. SO. TOWER, 14TH FL.**
CITY-ST-ZIP **NEW YORK NY 10080-6114**

STREET ADDRESS **95 Greene Street 7FL.**
CITY-ST-ZIP **Jersey City, NJ 07302**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **500004659945--7
-10/30/01--01092--004**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **500004659945--7
-10/30/01--01092--005**

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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

9/19/01 (201) 671-0316

Date

Daytime Phone #

CR2E003 (5/01)