

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A97000002567**

1. Entity Name

**MCCREADY MANHATTAN LIMITED PARTNERSHIP**

**FILED**

**00 MAY 15 PM 4: 20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 670 WEST MARKET STREET AKRON, OH 44303	Mailing Address 670 WEST MARKET STREET AKRON OH 44303-1414
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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>59-3481995</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**

**FAGA, ANTONIO ESQ.**  
375 12TH AVENUE, SOUTH  
NAPLES FL 34102

**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. **\$5,000,000.00**

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	<b>MCCREADY, JAMES</b> <b>4351 GULF SHORE BLVD. N., #17-N</b> <b>NAPLES FL 34103</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	<b>900003292699--1</b> <b>-06/15/00--01143--009</b> <b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
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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]* AUTHORIZED Signatory Agent  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # **330 849 6532**

CR2E003 (9/99)