

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

CU19843 MB

DOCUMENT # A97000002567



FILED

2003 FEB -6 AM 10:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



1. Entity Name
MCCREADY MANHATTAN LIMITED PARTNERSHIP

Principal Place of Business
**670 WEST MARKET STREET
AKRON OH 44303**

Mailing Address
**670 WEST MARKET STREET
AKRON OH 44303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

4. FEI Number **59-3481995**

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

7955 AIRPORT RD. NORTH

Suite 101

City

NAPLES

FL

Zip Code

34109

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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 FL. 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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	MCCREADY, JAMES	4351 GULF SHORE BLVD. N., #17N	NAPLES FL 34103
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	CITY-ST-ZIP
1832 GALLEON DR.	NAPLES, FL 34102
300011904683	02706703--01029--027 **526.25
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CR2E003 (10/02)

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 Agent & REGISTERED AGENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/24/03 330 849 6517
 Date Daytime Phone #