

2001 UNIFORM BUSINESS REPORT (UBR)

0015566 AF

DOCUMENT # B95000000226
 1. Entity Name
TALCOTT EQUITIES LIMITED PARTNERSHIP

FILED

Principal Place of Business: **100 PEARL ST. HARTFORD CT 06103-4500**
 Mailing Address: **100 PEARL ST. HARTFORD CT 06103-4500**

01 APR 23 PM 12:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country
 3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: **06-1420549**
 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
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
900004221259--8
-05/17/01--01005--004
 City: *****165.83 FL ***165.83**

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. (NOT: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$12,537.00**
 10. Amount of Capital Contributions in FLORIDA to date: **11,011**
 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 #	F95000003007
NAME	TALCOTT CORPORATION
STREET ADDRESS	100 PEARL ST.
CITY-ST-ZIP	HARTFORD CT 06103
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	77.08-UP
CITY-ST-ZIP	88.75-Adm
STREET ADDRESS	
CITY-ST-ZIP	
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 629, Florida Statutes.

SIGNATURE: **by: Kevin A. North** SIGNATURE REQUIRED
 Date: **4/19/01** Daytime Phone #: **860-293-6100**
 Signature and typed or printed name of signing general partner: **Kevin A. North - President**

CR2E003 (11/00)