

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B98000000412



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
SOUTHGATE TAMPA INDUSTRIAL LIMITED PARTNERSHIP

Principal Place of Business
**3110 SOUTH VALLEY VIEW, SUITE 205
LAS VEGAS NV 89102**

Mailing Address
**ONE WEST AVENUE
LARCHMONT NY 10538**



2. Principal Place of Business		3. Mailing Address		DUE BY SEPTEMBER 24, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 88-0396266	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**BRUDERMAN, ROBERT
551 NW 77TH STREET, SUITE 100
BOCA RATON FL 33487**

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

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

9. Capital Contributions as Shown on record. \$990.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	F98000003432	STREET ADDRESS	
NAME	SOUTHGATE TAMPA INDUSTRIAL INC.	CITY-ST-ZIP	
STREET ADDRESS	215 S. MONARCH STREET, SUITE 202		
CITY-ST-ZIP	ASPEN CO 81611		
DOCUMENT #		STREET ADDRESS	700022029797
NAME		CITY-ST-ZIP	08/04/03 01046 005 **541.25
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NAME		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 RESTRICTED **9/28/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE