

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20023**

1. Entity Name

EXCHANGE BUILDING, LTD.

Principal Place of Business

Mailing Address

**201 S. MONROE ST.
SUITE 500
TALLAHASSEE FL 32301**

**201 S. MONROE ST.
SUITE 500
TALLAHASSEE FL 32301**

FILED

02 APR -3 PM 1:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-2606070

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MILLER, WILTON R
201 S. MONROE ST.
SUITE 500
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.

DATE _____

9. Capital Contributions
as Shown on record.

\$4,800.00

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	MILLER, WILTON R	201 SOUTH MONROE STREET, SUITE 500	TALLAHASSEE FL 32301
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

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STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP

BK

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:

Wilton R. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
WILTON R. MILLER

4/1/02

Date

(850) 222-8611

Daytime Phone #

CR2E003 (9/01)

0006589 AT

STAPLE CHECK HERE