

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00029688 MB

DOCUMENT # **B02000000109**



W/S/21

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 18 AM 8:45



1. Entity Name
1500 CONCORD TERRACE LP

Principal Place of Business
**8 CAMPUS DRIVE, 4TH FLOOR
PARSIPPANY NJ 07054**

Mailing Address
**8 CAMPUS DRIVE, 4TH FLOOR
PARSIPPANY NJ 07054**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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)

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. **\$0.00**

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	
DOCUMENT #	M02000000841
NAME	1500 CT LLC
STREET ADDRESS	8 CAMPUS DRIVE, 4TH FLOOR
CITY-ST-ZIP	PARSIPPANY NJ 07054
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	
CITY-ST-ZIP	
STREET ADDRESS	600022529266
CITY-ST-ZIP	00725/03--01004--005 ##541.25
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 620, Florida Statutes

1500 CT LLC, by Strategic Performance Fund-II, Inc., its member and manager

SIGNATURE: *Joan N. Hayden* **Joan N. Hayden, Assistant Secretary** 7/25/03 973-734-1367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (4/03)