

2002 UNIFORM BUSINESS REPORT (UBR)

0007866 AT

DOCUMENT # **A00000000976**

1. Entity Name

PS NEW ORLEANS BUILDING PARTNERSHIP, LTD.

APPROVED
AND
FILED

02 APR 15 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**2255 CRESCENT DR
MT DORA FL 32757**

Mailing Address

**2255 CRESCENT DR
MT DORA FL 32757**

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

59-3652309

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

RIDOLFO, PHILLIP T JR

777 S FLAGLER DR

SUITE 300-F

WEST PALM BEACH FL 33401

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.

\$49,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

72,571

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 # **A97000002216**
NAME **PS BUILDINGS, LTD.**
STREET ADDRESS **2255 CRESCENT DR**
CITY-ST-ZIP **MT DORA FL 32757**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300005178583--7

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******693.69 ****535.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FF \$ 526.25

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CES 8.75

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STREET ADDRESS

CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

4/12/02

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/14/02

Date

Daytime Phone #

CR2E003 (9/01)