

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000001153**

1. Entity Name

LAUREL PLACE, LTD.

Principal Place of Business
15436 NORTH FLORIDA AVE., SUITE 101
TAMPA FL 33613

Mailing Address
15436 NORTH FLORIDA AVE., SUITE 101
TAMPA FL 33613

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

6. Name and Address of Current Registered Agent

MYERS, W. PARKINSON
15436 NORTH FLORIDA AVE., SUITE 101
TAMPA FL 33613

FILED

01 APR 13 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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 #	L00000008640	STREET ADDRESS	
NAME	LAUREL PLACE GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	15436 NORTH FLORIDA AVE., SUITE 101		
CITY-ST-ZIP	TAMPA FL 33613		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	700004035027--7 -04/20/01--01049--012
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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 REQUIRED:** Parkinson Myers **4/02/01** **(813) 960-1006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #