

2002 UNIFORM BUSINESS REPORT (UBR)

0001423 AT

DOCUMENT # **A01000000973**

FILED

1. Entity Name
11320 NORTH 56TH STREET, LTD.

02 OCT 29 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3001 NORTH ROCKY POINT EAST, SUITE 200 TAMPA FL 33607	Mailing Address 3001 NORTH ROCKY POINT EAST, SUITE 200 TAMPA FL 33607
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2. Principal Place of Business 2202 North West Shore Blvd	3. Mailing Address 2202 North West Shore Blvd
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Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200	4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State Tampa Florida	City & State Tampa Florida	

Zip 33607	Country USA	Zip 33607	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**EICHOLTZ, KIRK D
3001 NORTH ROCKY POINT EAST, SUITE 200
TAMPA FL 33607**

7. Name and Address of New Registered Agent
Name: **Eicholtz, Kirk D.**
Street Address (P.O. Box Number is Not Acceptable): **2202 North West Shore Blvd.**
Suite **200**
City: **Tampa FL** FL Zip Code: **33607**

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: **8-5-02**

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

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 #	L01000011806
NAME	NORTH 56TH STREET, L.L.C.
STREET ADDRESS	3001 NORTH ROCKY POINT EAST, SUITE 200
CITY-ST-ZIP	TAMPA FL 33607
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	10/24/02-01117-001 **\$2.50
STREET ADDRESS	DOS-4500452-1009068796
CITY-ST-ZIP	DEPOSIT ONLY 52.50
STREET ADDRESS	600008588566
CITY-ST-ZIP	10/25/02-01031-000 **\$41.25
STREET ADDRESS	
CITY-ST-ZIP	10/24/02-01117-001 **\$41.25
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

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

CR2E003 (4/02)