

2002 UNIFORM BUSINESS REPORT (UBR)

0014005 AT

DOCUMENT # **A01000001006**

1. Entity Name
MPG GRANADA PLAZA, LTD.

FILED

02 APR 20 PM 3:46
11.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **2627 MCCORMICK DRIVE, SUITE 102 CLEARWATER FL 33759**
Mailing Address: **2627 MCCORMICK DRIVE, SUITE 102 CLEARWATER FL 33759**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002
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
STAACK, JAMES A ESQ.
~~121 N. OSCEOLA AVE., 2ND FLOOR~~
CLEARWATER FL 33755

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
900 DREW STREET
SUITE ONE
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 *James A. Staack* **James A. Staack** **04/11/02**
Signature, typed or printed name of registered agent and title if applicable. 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**

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 #	P01000067884
NAME	MPG GRANADA PLAZA, INC.
STREET ADDRESS	2627 MCCORMICK DRIVE, SUITE 102
CITY-ST-ZIP	CLEARWATER FL 33759
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	500005509765--8
CITY-ST-ZIP	-05714702--01077--007 ****141.25 ****141.25
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

SIGNATURE: *James A. Staack* **4/24/02** **727-669-7412**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)