

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003523 SP

DOCUMENT # A02000001394



FILED

03 SEP 22 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
NICHOLAS & CATHERINE RAO LIMITED PARTNERSHIP

Principal Place of Business
**1201 HAYS STREET
TALLAHASSEE FL 32301**

Mailing Address
**9 MARLIN AVENUE
EDISON NJ 08820**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State

City & State

4. FEI Number

83-0343907

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **RAO, NICHOLAS**
STREET ADDRESS **9 MARLIN AVENUE**
CITY-ST-ZIP **EDISON NJ 08820**

STREET ADDRESS
CITY-ST-ZIP
300022681983
09/02/03--01008--001 **541.25

DOCUMENT #
NAME **RAO, CATHERINE**
STREET ADDRESS **9 MARLIN AVENUE**
CITY-ST-ZIP **EDISON NJ 08820**

STREET ADDRESS
CITY-ST-ZIP

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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: *Nick Rao* **SIGNATURE REQUIRED** Nick Rao 8/12/03 782-271-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE