

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A08081**

1. Entity Name

**ONE GLENWOOD ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -8 AM 10: 02

Principal Place of Business

% FIRST WINTHROP CORPORATION  
FIVE CAMBRIDGE CENTER  
CAMBRIDGE MA 02142

Mailing Address

% FIRST WINTHROP CORPORATION  
FIVE CAMBRIDGE CENTER  
CAMBRIDGE MA 02142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**04-2681258**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST  
STE 105  
TALLAHASSEE, FL FL 32301

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.

**\$2,178,000.00**

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 # **B92000000045**  
NAME **LINNAEUS WASHING REALTY**  
STREET ADDRESS **FIVE CAMBRIDGE CENTER**  
CITY-ST-ZIP **CAMBRIDGE MA 02142**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied in this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a General Partner of the limited partnership or the receiver or trustee of the partnership. (Note: This document is required by Chapter 620, Florida Statutes.)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

ASST Sec'y 9/7/2000 516 822 0022