

2002 UNIFORM BUSINESS REPORT (UBR)

0000974 AV

DOCUMENT # **A10545**

1. Entity Name
REALTY LEASING PARTNERSHIP, LTD.

Principal Place of Business: **% THE ALLEN MORRIS COMPANY, 1000 BRICKELL AVE., SUITE 300, MIAMI FL 33131**
Mailing Address: **% THE ALLEN MORRIS COMPANY, 1000 BRICKELL AVE., SUITE 300, MIAMI FL 33131**

FILED
02 APR 25 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002
4. FEI Number **59-2180442**
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
MORRIS, W. ALLEN
% THE ALLEN MORRIS COMPANY
1000 BRICKELL AVENUE, SUITE 1200
MIAMI, FL FL 33131

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

9. Capital Contributions as Shown on record. **\$1,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P16775 HAMMOND VENTURE, INC. 1000 BRICKELL AVE. #300 MIAMI FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500005450585--9
CITY-ST-ZIP	-05/03/02--01076--024 ***141.25 ***141.25
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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/02

305-358-1000

Date Daytime Phone #

CR2E003 (9/01)