

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A12269

1. Entity Name  
NORTH DALE ASSOCIATES, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB 11 PM 1:31

Principal Place of Business  
C/O COLLIERS CAUBLE & CO.  
1355 PEACHTREE STREET.N.E., SUITE 500  
ATLANTA GA 30309

Mailing Address  
C/O COLLIERS CAUBLE & CO.  
1355 PEACHTREE STREET.N.E., SUITE 500  
ATLANTA GA 30309



2. Principal Place of Business  
Colliers Cauble & Co., Inc.  
3. Mailing Address  
c/o Colliers Cauble & Co.

Suite, Apt. #, etc. Ste 1110  
1349 W. Peachtree St. NE  
Suite, Apt. #, etc. STE 1110  
1349 W. Peachtree St. NE

City & State  
Atlanta, GA

City & State  
Atlanta, GA

Zip  
30309

Country  
USA

Zip  
30309

Country  
USA

DUE BY MAY 1, 2003

4. FEI Number 58-1476810

Applied For

Not Applicable

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

MORRISON, THOMAS J  
3802 NORTHDAL BLVD  
TAMPA FL 33624

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.

\$4,300.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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  
STREET ADDRESS  
CITY-ST-ZIP  
LAW, WILLIAM F., JR.  
4044 GLEN DEVON DR., NW  
ATLANTA GA 30327

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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STREET ADDRESS

CITY-ST-ZIP

500012307265  
02/11/03--01025--007 \*\*150.00

500012307265  
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CR2E003 (10/02)

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 of William F. Law Jr.*  
WILLIAM F. LAW JR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-5-03 404-888-9000

Date

Daytime Phone #