

# 2000 UNIFORM BUSINESS REPORT (UBR)

1384 LFC

**DOCUMENT # A13533**  
 1. Entity Name  
**MARTIN COLONY LIMITED PARTNERSHIP**

**FILED**

**00 JAN 12 PM 1:19**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
 51 COLONY RD.      1101 LANGLEY LANE  
 JUPITER FL 33469      MC LEAN VA 22101-2230  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**54-1215648**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ZARETSKY, RICHARD P**  
**1655 PALM BEACH LAKES BLVD.**  
**SUITE 900**  
**W. PALM BEACH FL 33401**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      **\$2,000.00**      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 #	MARTIN, VANA E
NAME	1101 LANGLEY LANE
STREET ADDRESS	MCLEAN VA
CITY - ST - ZIP	
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	<b>900003099339--9</b>
CITY - ST - ZIP	<b>-01/14/00--01082--002</b>
	<b>****141.25 ****141.25</b>
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]* **REQUIRED**      **JAN 17 2000**      **703-821-0707**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/99)