

2001 UNIFORM BUSINESS REPORT (UBR)

0001658 AF

DOCUMENT # A15253

1. Entity Name

1215 LOUISIANA PARTNERSHIP, LTD.

Principal Place of Business

1093 FOGGY BROOK PLACE
LONGWOOD FL 32750

Mailing Address

P.O. BOX 2173
WINTER PARK FL 32790

FILED

01 FEB 26 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 N. New York Ave

3. Mailing Address

P.O. BOX 2173

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-2317467

Applied For

Not Applicable

Zip

32789

Country

Orange

Zip

32790

Country

Orange

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

COOPER, JAMES E.

1093 FOGGY BROOK PLACE

LONGWOOD FL 32750

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

2/17/01

9. Capital Contributions as Shown on record.

\$52,900.00

10. Amount of Capital Contributions in FLORIDA to date.

52,900.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
COOPER, JAMES E.
1093 FOGGY BROOK PLACE
LONGWOOD FL 32750

STREET ADDRESS
CITY-ST-ZIP
1100 N. New York Ave
Winter Park, FL 32789

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
700003790587--7
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/17/01

CR2E003 (11/00)