

2001 UNIFORM BUSINESS REPORT (UBR)

52.50
88.75
141.25

0015511 AF

DOCUMENT # **A18417**

1. Entity Name

LINNAEUS-LEXINGTON ASSOCIATES LIMITED PARTNERSHIP

FILED

01 MAY -1 PM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business %FIRST WINTHROP CORPORATION FIVE CAMBRIDGE CENTER CAMBRIDGE MA 02142	Mailing Address %FIRST WINTHROP CORPORATION FIVE CAMBRIDGE CENTER CAMBRIDGE MA 02142
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 04-2813703	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$550.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	A24923
NAME	WINTHROP FINANCIAL ASSOCIATES, A LIMITED
STREET ADDRESS	FIVE CAMBRIDGE CENTER 9TH FLOOR
CITY-ST-ZIP	CAMBRIDGE MA 02142
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	BK
CITY-ST-ZIP	
STREET ADDRESS	100004274411 9
CITY-ST-ZIP	-05/21/01--01153--019
	****141.25 ****141.25
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.

By: *Wintthrop Financial Associates, a limited partnership, its general partner*
SIGNATURE: *Michael A. Johnson, Asst Secy* **4/30/01** **516 681 3686**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)