

2002 UNIFORM BUSINESS REPORT (UBR)

141.25

0017509 AT

DOCUMENT # A18417

1. Entity Name
LINNAEUS-LEXINGTON ASSOCIATES LIMITED PARTNERSHIP

FILED
02 FEB 19 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

**%FIRST WINTHROP CORPORATION
FIVE CAMBRIDGE CENTER
CAMBRIDGE MA 02142**

**%FIRST WINTHROP CORPORATION
FIVE CAMBRIDGE CENTER
CAMBRIDGE MA 02142**

2. Principal Place of Business 3. Mailing Address

7 Bulfinch Place, Suite 500
PO Box 9507
Boston, MA 02114-9507

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PO Box 9507
Boston, MA 02114-9507

DUE BY MAY 1, 2002

4. FEI Number **04-2813703** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee: Required

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.

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**

**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	A24923 WINTHROP FINANCIAL ASSOCIATES, A LIMITED FIVE CAMBRIDGE CENTER 9TH FLOOR CAMBRIDGE MA 02142
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	7 Bulfinch Place, Suite 500 PO Box 9507 Boston, MA 02114-9507
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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: **WINTHROP FINANCIAL ASSOCIATES, A LIMITED PARTNERSHIP, ITS GENERAL PARTNER**
BOGALON, MICHAEL 2/13/02 516 822-0022

SIGNATURE: _____ Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE