2000	UNIFO	ORM BUS!	NESS REP	ORT (I	UBR)	
DOCUMENT # A19699  1. Entity Name					<u> </u>	FILED
NORTHGATE PARTNERS, LTD.						00 APR -7 AM 10: 05
Principal Place of Business Mailing Address						
· -				BOX 11229		SECRETARY OF STATE TALLAHASSEE. FLORIDA
				LE TN 37939-1229		
2. Principal F	Place of Business		3. Mailing Address	. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		<u></u>	DO NOT WRITE IN THIS SPACE
City & State			City & State			4. FEI Number 62-1234834 Applied For Not Applicable
Zip		ountry	Zip	Country	· 	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	
WALTERS, CLIFFORD L 802 11TH ST W. BRADENTON FL 34205				-		
BRAUENI	UN FL 34205			<u></u>	City	FL Zip Code
SIGNATURE .	Signature, typed or prii	sted name of registered agent a		NOTE: Registered Ac	gent signature requ	uired when reinstating)  DATE  11. MAKE CHECK PAYABLE TO DEPT. OF STATE
9. Capital Contributions as Shown on record.  A GENERAL PARTNER THAT IS A BUSINESS ENTI- NOTE: General Partners MAY NOT be changed on the				o date. ENTITY MUS	ST BE REG	SEE REVERSE SIDE FOR FEE INFORMATION ISTERED AND ACTIVE WITH THIS OFFICE.
12.	NOIE: G	GENERAL PARTNER		13.	in amendm	ADDRESS CHANGES ONLY
DOCUMENT#				STREET	ADDRESS	,
NAME STREET ADDRESS CITY - ST - ZIP	LEVIN, RICHA 340 S. PALM SARASOTA F	AVE., APT. 45		CITY-ST-2IP		8000032176580 -04/21/0001005023
DOCUMENT#	GALLAGA		STF		ADORESS	****526.25 ****526.25
STREET ADORESS CITY-ST-ZIP	S			ผาฯ-รา	-290	
DOCUMENT#				STREET /	ADDRESS	
CITY - ST - ZIP				CITY-ST	-ZIP	
DOCUMENT # NAME STREET ADDRESS					ADDRESS	
CITY-ST-ZIP DOCUMENT#				CITY-ST	ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST	-	
DOCUMENT#				STREET	ADDRESS	
STREET ADDRESS				CITY-ST		

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER