


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


0009671 AT

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| <b>DOCUMENT # A20023</b><br>1. Entity Name<br><b>EXCHANGE BUILDING, LTD.</b> |  |
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FILED

03 APR 23 AM 10: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |  |
|--|--|
| Principal Place of Business<br><b>201 S. MONROE ST.<br/>SUITE 500<br/>TALLAHASSEE FL 32301</b> | Mailing Address<br><b>201 S. MONROE ST.<br/>SUITE 500<br/>TALLAHASSEE FL 32301</b> |
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|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                 |   |
|--------------|--------------|---------------------------------|---|
| City & State | City & State | 4. FEI Number <b>59-2606070</b> | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                             | Country   |

DUE BY MAY 1, 2003

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

6. Name and Address of Current Registered Agent

**MILLER, WILTON R**  
**201 S. MONROE ST.**  
**SUITE 500**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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|--|---|--|
| 9. Capital Contributions as Shown on record. <b>\$4,800.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | <b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br/>SEE REVERSE SIDE FOR FEE INFORMATION</b> |
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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   | 13. ADDRESS CHANGES ONLY   |
|---|--|
| DOCUMENT #<br>NAME <b>MILLER, WILTON R</b><br>STREET ADDRESS <b>201 SOUTH MONROE STREET, SUITE 500</b><br>CITY-ST-ZIP <b>TALLAHASSEE FL 32301</b> | STREET ADDRESS<br>CITY-ST-ZIP<br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">500016694285</div> <div style="text-align: center; font-size: 0.8em;">04/23/03 01010-009 **141.25</div> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STREET ADDRESS<br>CITY-ST-ZIP  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STREET ADDRESS<br>CITY-ST-ZIP  |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STREET ADDRESS<br>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:  **4/17/03** **850-222-8611**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE