

2001 UNIFORM BUSINESS REPORT (UBR)

0017806 AF

DOCUMENT # **A20075**

1. Entity Name

3500 LIMITED PARTNERSHIP

Principal Place of Business

**1725 DESALES ST. N.W.
SUITE 401
WASHINGTON DC 20036**

Mailing Address

**ATTN: ANGELO A. PUGLISI
1725 DESALES STREET, SUITE 401
WASHINGTON DC 20016**

FILED
01 FEB -6 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ng



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1399684

Applied For

Not Applicable

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

**BURNS, JAMES E
3500 CHENEY HWY.
TITUSVILLE FL 32780**

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

9. Capital Contributions
as Shown on record.

\$1,000,080.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **PUGLISI, ANGELO A.**
STREET ADDRESS **1725 DESALES ST. NW, SUITE 401**
CITY-ST-ZIP **WASHINGTON DC 20036**

STREET ADDRESS

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*****535.00 ***535.00**

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:

Angelo A. Puglisi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/2001

Date

202-296-4970
Daytime Phone #

CR2E003 (11/00)