

# 2002 UNIFORM BUSINESS REPORT (UBR)

0018863 AB

DOCUMENT # A20075

1. Entity Name  
3500 LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAR 12 PM 12:21

6e  
3/13

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



|                                |         |                     |         |                                                                                                     |                               |
|--------------------------------|---------|---------------------|---------|-----------------------------------------------------------------------------------------------------|-------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | DUE BY MAY 1, 2002                                                                                  |                               |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |                                                                                                     |                               |
| City & State                   |         | City & State        |         | 4. FEI Number<br>52-1399684                                                                         | Applied For<br>Not Applicable |
| Zip                            | Country | Zip                 | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |                               |

|                                                           |  |                                                                                |  |
|-----------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent           |  | 7. Name and Address of New Registered Agent                                    |  |
| BURNS, JAMES E<br>3500 CHENEY HWY.<br>TITUSVILLE FL 32780 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.<br>\$1,000,080.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PUGLISI, ANGELO A.<br>1725 DESALES ST. NW, SUITE 401<br>WASHINGTON DC 20036 | STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | STREET ADDRESS<br>CITY-ST-ZIP | 100005133341--6<br>-03/19/02--01014--001<br>*****88.75 *****88.75 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | STREET ADDRESS<br>CITY-ST-ZIP | 100005133341--6<br>-03/19/02--01014--002<br>****446.25 ****446.25 |
| 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 |                                                                   |
| 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: *Angelo A. Puglisi* **Angelo A. Puglisi** 2/18/2002 202-296-4970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)