


2001 UNIFORM BUSINESS REPORT (UBR)

0018161 AF

DOCUMENT # A20864 1. Entity Name MASSACHUSETTS AVENUE, LTD.						FILED 01 MAY 11 PM 12:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 8801 RIVER CROSSING BLVD. NEW PORT RICHEY FL 34655		Mailing Address P.O. BOX 2108 ELFERS FL 34680-2108					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2589078		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BRASHER, C. JOHN 8801 RIVER CROSSING BLVD. NEW PORT RICHEY FL 34655				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
9. Capital Contributions as Shown on record.		\$92,745.04		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 #	H77213			STREET ADDRESS			
NAME	MASSACHUSETTS AVE INC			CITY-ST-ZIP			
STREET ADDRESS	8801 RIVER CROSSING BLVD.						
CITY-ST-ZIP	NEW PORT RICHEY FL 34655						
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
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STREET ADDRESS							
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: _____				REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			
				Date _____ Daytime Phone # _____			

CR2E003 (11/00)