


# 2001 UNIFORM BUSINESS REPORT (UBR)

0018615 AF

**DOCUMENT # A23629**

1. Entity Name  
**17TH STREET ASSOCIATES, LTD.**

**FILED**  
01 JAN 26 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  


Principal Place of Business      Mailing Address  
1340 US #1.      15 EAST 5TH STREET, SUITE 2700  
SUITE 102      TULSA OK 74103  
JUPITER FL 33469

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State

Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE  
4. FEI Number **59-2765628**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MURDOCH, ROBERT E**  
**% JOHNSON ANSELMO MURDOCH BURKE & GEORGE**  
**790 EAST BROWARD BOULEVARD, SUITE 400**  
**FORT LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**000003624150--3**  
**-02/02/01--01033--016**  
City      **\*\*\*526.FL #200526.25**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      **\$6,505,000.00**

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**

DOCUMENT #	<b>F98000001434</b>
NAME	<b>SOUTHPORT HOLDING CORP</b>
STREET ADDRESS	<b>15 EAST 5TH STREET, SUITE 2700</b>
CITY-ST-ZIP	<b>TULSA OK 74103</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/19/01      918-583-0938  
Date      Daytime Phone #

CR2E003 (11/00)