

2000 UNIFORM BUSINESS REPORT (UBR)

00 1146 M

DOCUMENT # A23869
 1. Entity Name
SHELL CITY ASSOCIATES, LTD.

Principal Place of Business: **306 MONDAWMIN MALL, 2401 LIBERTY HEIGHTS AVENUE, BALTIMORE MD 21215**
 Mailing Address: **306 MONDAWMIN MALL, 2401 LIBERTY HEIGHTS AVENUE, BALTIMORE MD 21215-8019**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAY -1 PM 12:06



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2751758**
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LUMPKIN, THOMAS D
2655 LE JEUNE ROAD
515 GABLES INTERNATIONAL PLAZA
CORAL GABLES FL 33134

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$20.00**
 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 # NAME STREET ADDRESS CITY - ST - ZIP	A & R/TEDC JOINT VENTURE 306 MONDAWMIN MALL, 2401 LIBERTY HEIGHTS BALTIMORE MD 21215
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
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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: *Thomas Lumpkin* **SIGNATURE REQUIRED** Date: 4/28/00 (410) 462-6644
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (9/99)