

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 10 AM 8:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **A 23869**
1. Entity Name
SHELL CITY ASSOCIATES, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2040 PARK AVE		3. Mailing Address SAME		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc.		DUE BY MAY 1	
City & State BALTIMORE MD		City & State			
Zip 21201	Country USA	Zip	Country	4. FEI Number 59-275-1758	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **THOMAS D. LUMPKIN**

Street Address (P.O. Box Number is Not Acceptable)
2655 LE JEUNE ROAD

515 GABLES INTERNATIONAL PLAZA

City **CORAL GABLES** FL Zip Code **33134**

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. 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
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**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	AURITDC JOINT VENTURE 1040 PARK AVENUE, SUITE 300 BALTIMORE MD. 21201	STREET ADDRESS CITY - ST - ZIP
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IN THIS SPACE**

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: **Calli B Johnson Sr. v.p. AUR** 5/1/02 (410) 783-3207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRZE003B (12/01)

STAPLE CHECK HERE