

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019150 MB

DOCUMENT # **A23869**

1. Entity Name
SHELL CITY ASSOCIATES, LTD.



FILED

2003 APR -2 PM 2:56

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**1040 PARK AVE., SUITE 300
BALTIMORE MD 21201**

Mailing Address
**1040 PARK AVE., SUITE 300
BALTIMORE MD 21201**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2751758**

Applied For
Not Applicable

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUMPKIN, THOMAS D
2655 LE JEUNE ROAD
515 GABLES INTERNATIONAL PLAZA
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$20.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 #
NAME **A & R/TEDC JOINT VENTURE**
STREET ADDRESS **1040 PARK AVENUE, SUITE 300**
CITY-ST-ZIP **BALTIMORE MD 21201**

STREET ADDRESS

CITY-ST-ZIP

**600015051266
04/02/03--01012--006 **141.25**

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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: _____

CORRECTION REQUIRED V. P. - A & R - G. B. 3/24/03 (410) 783-3207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE