## **2002 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # A24152						FILED				
				02 APR 29 PM 4: 38  SECRETARY OF STATE TALLAHASSEE, FLORIDA						
TAMIAM										
Principal Plac	e of Business	Mailing Address					1712			
10440 LITTLE PATUXENT PARKWAY, SUITE 1100 10440 LITTLE PATUXENT P. COLUMBIA MD 21044 COLUMBIA MD 21044				ARKWAY. SUITE 1100						
2. Principal Place of Business 3. Mailing Address						]	ISB 11811 BISBE (COOL BILLE CIDE I	I BELL BIRLL OF	OII DIBII OIDII DIDII IADI	
Suite, Apt.	TTLE PATUXENT PKWY #, etc.	10440 L1111LE E Suite, Apt. #, etc.				DIE DV MAY 4 0000				
UITE 70	SUITE 700				DUE BY MAY 1, 2002					
City & Stat OLUMBIA	, MD	City & State COLUMBIA, MD				4. FEI Number	59-2814898		Applied For Not Applicable	
Zip 1044	Country	Zip 21044	Coun	try USA		5. Certificate of	Status Desired		<b>75</b> Additional Required	
1033	6. Name and Address of Current			UBA		7. Name and A	ddress of New Registe			
A = 655		Name								
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street A	Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324										
				City				FL	Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or	r registere	red agent, or both,	in the State of Florida.	I		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable.					D	ATÉ		
9. Capital Co as Shown	al Contril ate.	750,00			11. MAKE CHECK PAY SEE REVERSE SID	E FOR FE				
	A GENERAL PARTNER T NOTE: General Partners MA									
12.	GENERAL PARTNER	<del>-</del>	13.				ADDRESS CHANGES			
OCUMENT #	B9400000029			ET ADDRESS	1044	440 LITTLE PATUXENT PKWY, SUITE 700				
NAME STREET ADDRESS DITY-ST-ZIP	SUSA PARTNERSHIP, L.P. 10440 LITTLE PATUXENT PARKWAY, SUITE 1100 COLUMBIA MD 21044			-ST-ZIP		UMBIA, MD 21044				
DOCUMENT #	OCCUMENT HIS EIGHT		STRE	ET ADDRESS						
name Street adoress			CITY	-ST-ZIP						
CITY-ST-ZIP			UIT	-31-2IF						
D <del>ocument #</del> Name			STRE	ET ADDRESS		4(	00000550	<u></u>		
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indicated	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute this	that my signature shall have t	he same	e legal effe	ct as if m	ction 119.07(3)(i), nade under oath; th	Florida Statutes. I furthe nat I am a General Partn	r certify th er of the li	at the information mited partnership or	

SIGNATURE:

SIGNATURE OF SIGNING GENERAL PARTNER

4/25/2002

410-884-8711

Daytime Phone #