

2001 UNIFORM BUSINESS REPORT (UBR)

0017865 AF

DOCUMENT # **A24257**

1. Entity Name

CROSSWINDS CENTER ASSOCIATES OF ST. PETERSBURG (MLP) LIMITED PARTNERSHIP

Principal Place of Business

**1300 WILSON BOULEVARD, SUITE 400
ARLINGTON VA 22209**

Mailing Address

**1300 WILSON BOULEVARD, SUITE 400
ARLINGTON VA 22209**

2. Principal Place of Business
(SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address
(SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

FILED

01 APR -4 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1888403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,963,295.00

10. Amount of Capital Contributions
in FLORIDA to date. (SAME)

(SAME)

**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 # **M95000000059**
NAME **CROSSWINDS LLC.**
STREET ADDRESS **1300 WILSON BLVD. #400**
CITY-ST-ZIP **ARLINGTON VA 22209**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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****526.25 ****526.25**

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 SIGNATURE AND TRADE OR PRINTED NAME OF SIGNING GENERAL PARTNER OR THE GP OF THE MILLS LP, THE MGR OF CROSSWINDS L.L.C., THE GP OF CROSSWINDS CENTER ASSOCIATES OF ST. PETERSBURG (MLP) LP

4.2.01 (703)526-5000

CR2E003 (11/00)