2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
02 MAR 25 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

DOCUMENT # A25562

1. Entity Name
OLD DOMINION LIMITED PARTNERSHIP I

Principal Place of Business	Mailing Address
4040 FAIRFAX DRIVE SUITE 100 ARLINGTON VA 22203	4040 FAIRFAX DRIVE SUITE 100 ARLINGTON VA 22203

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 54-1434942 ☐ Applied For ☐ Not Applicable

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
HADDAD, SAID 2124 N.E. 123RD STREET, #208 SAN SOUCI PLAZA N. MIAMI FL 33181-2939	Name James H. McMullin Street Address (P.O. Box Number is Not Acceptable) 72 La Gorce Circle,La Gorce Island City Miami Beach FL Zip Code 33141

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 James H. McMullin, General Partner February 28, 2002
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. ~~$1,700,000.00~~

10. Amount of Capital Contributions in FLORIDA to date. 0

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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 HADDAD, SAID 1177 KANE CONCOURSE,#107 BAY HARBOUR,ISL FL	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 MCMULLIN, JAMES H. 4040 FAIRFAX DR., #100 ARLINGTON VA	STREET ADDRESS CITY-ST-ZIP	000005180680--0 ~~04/01/02 01080 008~~ ****150.00 ****150.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (9/01)

STAPLE CHECK HERE

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: James H. McMullin SIGNATURE REQUIRED February 28, 2002 703-524-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #