

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A25562

1. Entity Name
OLD DOMINION LIMITED PARTNERSHIP



FILED

2003 MAY 13 PM 2:58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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

Mailing Address
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

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

MCMULLIN, JAMES H
72 LA GORCE CIRCLE, LA GORCE ISLAND
MIAMI BEACH FL 33141

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

\$1,700,000.00

ASSET SOLD IN OCT. 2001

10. Amount of Capital Contributions
in FLORIDA to date.

894,158.

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
STREET ADDRESS
CITY-ST-ZIP
HADDAD, SAID
1177 KANE CONCOURSE, #107
BAY HARBOUR ISL FL

STREET ADDRESS
CITY-ST-ZIP

ENCLOSED DOCUMENT RE: P/S CHANGE
AMENDMENT

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
MCMULLIN, JAMES H.
4040 FAIRFAX DR., #100
ARLINGTON VA

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS
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:

James H. McMullin
JAMES H. MCMULLIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APRIL 15, 2003

Date

Daytime Phone #

0019104 MB

CR2E003 (10/02)

STAPLE CHECK HERE