

2000 UNIFORM BUSINESS REPORT (UBR)

100 303 AF

DOCUMENT # A26478

1. Entity Name

NORTH RIDGE LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 23 PM 1:29

Principal Place of Business
2000 PALM BEACH LAKES BLVD.
SUITE 301
WEST PALM BEACH FL 33409

Mailing Address
2000 PALM BEACH LAKES BLVD.
SUITE 301
WEST PALM BEACH FL 33409-6504



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0048100

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERRA CAPITAL COMPANY, INC.
2000 PALM BEACH LAKES BLVD.
SUITE 301
WEST PALM BEACH FL 33409

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.

\$19,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # J74439
NAME TERRA CAPITAL COMPANY, INC.
STREET ADDRESS 2000 PALM BEACH LAKES BLVD.
CITY - ST - ZIP WEST PALM BEACH FL 33409

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # M67224
NAME SUPRA MANAGEMENT CO.
STREET ADDRESS 2000 PALM BEACH LAKES BLVD.
CITY - ST - ZIP WEST PALM BEACH FL 33409

STREET ADDRESS

CITY - ST - ZIP

600003313846--6

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*****230.50 *****230.50

DOCUMENT #
NAME
STREET ADDRESS
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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X 4/25/00 561-686-6968

Date

Daytime Phone #