

# 2000 UNIFORM BUSINESS REPORT (UBR)

100 303 AF

**DOCUMENT # A26478**  
 1. Entity Name  
**NORTH RIDGE LIMITED PARTNERSHIP**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country  
 Zip  
 Country

4. FEI Number **65-0048100**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TERRA CAPITAL COMPANY, INC.  
 2000 PALM BEACH LAKES BLVD.  
 SUITE 301  
 WEST PALM BEACH FL 33409**

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 \_\_\_\_\_ (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	
DOCUMENT #	J74439
NAME	TERRA CAPITAL COMPANY, INC.
STREET ADDRESS	2000 PALM BEACH LAKES BLVD.
CITY - ST - ZIP	WEST PALM BEACH FL 33409
DOCUMENT #	M67224
NAME	SUPRA MANAGEMENT CO.
STREET ADDRESS	2000 PALM BEACH LAKES BLVD.
CITY - ST - ZIP	WEST PALM BEACH, FL 33409
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>600003313846--6</b>
CITY - ST - ZIP	<b>-07/05/00--01104--019</b>
	<b>*****230.50 *****230.50</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: **SIGNATURE REQUIRED** *[Signature]* **98** x **4/20/00** **561-686-6968**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

11/01/00 1:00:00 PM