

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 MAR 14 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0020813 MB

DOCUMENT # A26636

1. Entity Name  
"ACCELERATED" HIGH YIELD INSTITUTIONAL INVESTORS  
, LTD.



Principal Place of Business  
1640 SCHOOL STREET, #100  
MORAGA CA 94556

Mailing Address  
1640 SCHOOL STREET, #100  
MORAGA CA 94556



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0058182

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM  
1200 NORTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. \$3,977,581.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # F96000000036  
NAME MACKENZIE PATTERSON, INC.  
STREET ADDRESS 1640 SCHOOL STREET, #100  
CITY-ST-ZIP MORAGA CA 94556

STREET ADDRESS

CITY-ST-ZIP

400011628474  
02/03/03 01115 006 \*\*437.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400011628474  
03/14/03--01004--011 \*\*88.75

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SIGNATURE REQUIRED: Bluth, MPO of GP 1/22/03 925639100

CR2E003 (10/02)