

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27650**

1. Entity Name

A R A PROPERTIES NO. 5, LTD.

FILED

02 MAR 11 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**C/O PETER LAWRENCE COMMERCIAL REAL ESTATE
4710 EISENHOWER BLVD., SUITE C-1
TAMPA FL 33634-6334**

Mailing Address
**C/O PETER LAWRENCE COMMERCIAL REAL ESTATE
4710 EISENHOWER BLVD., SUITE C-1
TAMPA FL 33634-6334**



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-1604126	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PETER LAWRENCE COMMERCIAL REAL ESTATE, INC 4710 EISENHOWER BLVD SUITE C-1 TAMPA FL 33634-6334		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$827,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	K53295	STREET ADDRESS	300005108043--7
NAME	CRENSHAW PROPERTIES, INC	CITY-ST-ZIP	-03/14/02--01048--019
STREET ADDRESS	4710 EISENHOWER BLVD., SUITE C-1		****526.25 ****526.25
CITY-ST-ZIP	TAMPA FL 33634-6334		
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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: **2/15/02** **703-736-9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0013621 AT

CR2E003 (9/01)

STAPLE CHECK HERE